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APPLICATION FOR PLAGIARISM CHECKING

Name			
Department	Faculty / Staff	<input type="checkbox"/>	
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	P.B.B.Sc. Nursing	<input type="checkbox"/>	
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	Book Chapter	<input type="checkbox"/>	
	Project report	<input type="checkbox"/>	
	Dissertation	<input type="checkbox"/>	
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Title of Document			
No of Pages			
Plagiarism checking	1 st time	<input type="checkbox"/>	Date:
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