



Date:

APPLICATION FOR PLAGIARISM CHECKING

| | | | |
|---------------------|----------------------|--------------------------|-------|
| Name | | | |
| Department | Faculty/Staff | <input type="checkbox"/> | |
| | MPT | <input type="checkbox"/> | |
| | BPT | <input type="checkbox"/> | |
| | PhD | <input type="checkbox"/> | |
| | Other | <input type="checkbox"/> | |
| USN/Biometric No | | | |
| Contact No | | | |
| Email ID | | | |
| Type of Document | Paper/Article | <input type="checkbox"/> | |
| | Project report | <input type="checkbox"/> | |
| | Dissertation | <input type="checkbox"/> | |
| | Thesis | <input type="checkbox"/> | |
| | Book Chapter | <input type="checkbox"/> | |
| | Manuscript | <input type="checkbox"/> | |
| | Other | <input type="checkbox"/> | |
| Title of Document | | | |
| No of Pages | | | |
| Plagiarism Checking | 1 st time | <input type="checkbox"/> | Date: |
| | 2 nd time | <input type="checkbox"/> | Date: |

Signature of the applicant

Name & Sign of the Guide

Librarian Sign