

# DAYANANDA SAGAR UNIVERSITY

HAROHALLI – 562112

Date: \_\_\_\_\_

## APPLICATION FOR PLAGIARISM CHECKING

Name	
Institution Name	School of Engineering : <input type="checkbox"/>
	School of Commerce & Management : <input type="checkbox"/>
	School of Basic & Applied Sciences : <input type="checkbox"/>
	School of Health Science : <input type="checkbox"/>
	College of Nursing Sciences : <input type="checkbox"/>
	College of Pharmaceutical Sciences : <input type="checkbox"/>
	College of Physiotherapy : <input type="checkbox"/>
	School of Arts & Humanities : <input type="checkbox"/>
	School of Design : <input type="checkbox"/>
	Others : <input type="checkbox"/>
Department	
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"/> Other <input type="checkbox"/>
Title of the document	
No. of pages	
1 <sup>st</sup> time <input type="checkbox"/> 2 <sup>nd</sup> time <input type="checkbox"/>	

Signature of the applicant

Name & Signature of Guide

Seal & Signature of HOD

Chief Librarian