

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	<input type="checkbox"/>	Paper/article	<input type="checkbox"/>	Project Report	<input type="checkbox"/>	Dissertation	<input type="checkbox"/>	Thesis	<input type="checkbox"/>	Other
Title of the document										
No. of pages										
1 st time <input type="checkbox"/>					2 nd time <input type="checkbox"/>					

Signature of the applicant

Name & Signature of Guide

Seal &Signature of HOD

Chief Librarian