



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 <sup>st</sup> time	<input type="checkbox"/>	Date:
	2 <sup>nd</sup> time	<input type="checkbox"/>	Date:

Signature of the applicant

Name & Sign of the Guide

Librarian Sign