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### APPLICATION FOR ANTI-PLAGIARISM CHECK

Name of the Research Scholar : \_\_\_\_\_

Title of Research Topic \_\_\_\_\_

Reg. No. : \_\_\_\_\_

Faculty : \_\_\_\_\_ Subject : \_\_\_\_\_

Department : \_\_\_\_\_

Address for communication : \_\_\_\_\_

Cell Phone No. : a) \_\_\_\_\_ b) \_\_\_\_\_

E-mail ID : \_\_\_\_\_

Name of the Supervisor : \_\_\_\_\_

Designation & Address : \_\_\_\_\_

Cell Phone No. : a) \_\_\_\_\_ b) \_\_\_\_\_

E-mail ID : \_\_\_\_\_

Name of the Co-supervisor : \_\_\_\_\_

Designation & Address : \_\_\_\_\_

Cell Phone No. : a) \_\_\_\_\_ b) \_\_\_\_\_

E-mail ID : \_\_\_\_\_

Enclosures : Theses soft copy

Note: Entire soft copy of the Theses shall be submitted as a single file <=40 MB & <=400 pages.

### DECLARATION OF THE APPLICANT

I promise to abide by the rules and academic regulations of SRTM University, I agree that I shall abide by the decision of SRTM University, which is final.

Place: \_\_\_\_\_

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

SIGNATURE OF THE APPLICANT

### DECLARATION OF THE SUPERVISORS

I/We hereby declare that the theses submitted by the scholar are reviewed by me/us. I/We also certify that the above theses are not submitted elsewhere. I/We shall abide by the Plagiarism rules of the University.

SIGNATURE OF THE SUPERVISOR  
WITH SEAL

SIGNATURE OF THE CO- WITH  
SUPERVISOR WITH SEAL