



Date :

APPLICATION FORM FOR SIMILARITY INDEX CHECK OF THESIS

Reg.No.											
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1. Name of the Candidate :
(Block Letters)

2. a) Designation and Name & Address :
of the organization

b) Address for Correspondence :

Mobile no. :

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E-mail.ID :

3. Name of the Programme with :
Faculty

4. Name of the supervisor with :
Designation & Address

Mobile no. :

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E-mail.ID :

5. Whether Soft copy of the document in word enclosed Yes () No ()
Mail id: checkplg@bharathuniv.ac.in

6. No. of pages :

7. Fee Details ** :

8. Date of submission of Document :

9. Date of Receipt of Report :
(1 week from date of submission)

Signature of the Candidate

Signature of the Supervisor

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Plagiarism Check Fee:

** Rs.5000 for three times of Plagiarism check. In case of More than Three times, in every check permitted with Rs.1000.

Note: Enclosed the Fee challan.