



Office of Controller of Examinations

REPORT FOR PLAGIARISM CHECK ON THE SYNOPSIS/THESIS/DISSERTATION/PROJECT REPORTS

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2	Address of the Candidate	Mobile Number :
3	Registration Number	
4	Date of Birth	
5	Department	
6	Faculty	
7	Title of the Synopsis/ Thesis/ Dissertation/Project	
8	Name and address of the Supervisor / Guide	Mail ID : Mobile Number :
9	Name and address of the Co-Supervisor / Co- Guide (if any)	Mail ID : Mobile Number :
10	Software Used	
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12	Plagiarism Details: (to attach the final report)			
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Thesis abstract				
Appendices				
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