REPORT OF PLAGIARISM CHECK

|  |  |
| --- | --- |
| **TITLE OF THE PhD THESIS:** | |
| Name of the PhD Student: |  |
| Roll Number: |  |
| Department/ Section: |  |
| Name of the Supervisor: |  |

|  |
| --- |
| The student may be allowed to submit the thesis as per the provisions of the Academic regulations.    Date Signature of the Chairperson, IPPC |

|  |  |  |  |
| --- | --- | --- | --- |
| Date and time of Plagiarism test: | |  | |
| Software use for plagiarism test: | |  | |
| Test performed by: | |  | |
| Result of the test (in %): | |  | |
|  | |  | |
| Date |  | | *Signature of the Authorized signatory of the Library with Seal* |
|  |  | | Name: |
|  |  | | Designation: |
|  |  | | Department: |