

MANDSAUR UNIVERSITY, MANDSAUR

SH 31,Bypass square, Rewas Dewda Road, Mandsaur, Madhya Pradesh- 458001. Website: www.mandsauruniversity.edu.in, Email: Ph.D.@mandsauruniversity.edu.in
Ph. No. 09752122999, 09425924111. Fax: 07422-239111

Request for Plagiarism Verification Report for Ph.D. Thesis.

	(To be submit in a single copy)
	(Applying First Time Second Time)
	Dated:
N	The University Coordinator Shodhganga, Mandsaur University, Mandsaur, MP.
Subject:	Request for Plagiarism check report of for Ph.D. Thesis.
	Sir, am submitting herewith a softcopy of my Ph.D. Thesis/Research Paper. You are equested to check plagiarism and issue me a report to that effect.
Name of	the Research Scholar:
Faculty/l	Department:
Title of t	he Thesis / Research Papers:
Mention	Previous Report Document Number, if applying second time:
Mandsau	declare that I am aware of the anti-plagiarism policy of Mandsaur University ar. I further declare that the soft copy being submitted for plagiarism check is the same t copy of the thesis/research paper.
Date of I	re of Research Scholar Registration: Department of:

Signature of the Research Guide Forwarded by HOD

Name of the Research Guide:

Faculty/Department of:

Email Id:

Email Id:



MANDSAUR UNIVERSITY, MANDSAUR SH 31,Bypass square, Rewas Dewda Road, Mandsaur, Madhya Pradesh- 458001. Website: www.mandsauruniversity.edu.in, Email: Ph.D.@mandsauruniversity.edu.in Ph. No. 09752122999, 09425924111. Fax: 07422-239111

CERTIFICATE OF PLAGIARISM CHECK

(To be inserted in the Thesis before Plagiarism Report)

1. Name	
2. Enrollment No	
3. Thesis title:	
	d:
5. Faculty (Department): (of the Universit	y to which the thesis is submitted)
6. Department /Subject:	
7.Acceptable Maximum Limit:	10%
8.Percentage of Similarity of Contents Ident	tified:
9.Software Used: URKUND	
10.Date of Verification:	
Signature of the Scholar	Signature of the Supervisor
Head of the Department	
(Seal)	
University Coordinator	
Shodhganga	
(Seal)	