

PLAGIARISM CHECK REQUEST FORM

Name of Student:	
Registration No.:	
Department:	
College:	
Email-ID of Student:	
Mobile No.:	
Name of Major Advisor:	
Email-ID of Guide:	
Mobile No. of Guide:	
Title of Thesis/Paper:	
Total pages for Plagiarism check*:	
File Name:	
Date:	

*In case of thesis the matter should include all pages from the first chapter to the last, including abstract in English and appendices. However, References or Literature cited has to be excluded.

Certified that the electronic version of thesis (searchable pdf format) being submitted for the Plagiarism check has been prepared by the student under my presence and contains the portion as mentioned above; and is exactly same as the print version proposed to be submitted to the university. No portion of the print version has been intentionally or inadvertently excluded from the electronic version.

Signature of Major Advisor

Signature of Head of Department

Signature of Dean of the College

Note:

The file (in searchable pdf format) name must be as follows: [Candidate's Name][Branch][Roll No.][Degree Name][Month][Year of Submission].

The file name must be sent by the email-id of the major advisor to ctaelibrary@gmail.com with cc to the DRI (directorrimpuat@yahoo.com).

The hardcopy of the request form must be submitted to the CTAE library. Only on receipt of the hard copy, the report shall be taken up for plagiarism check.