



KRISHNA UNIVERSITY

Machilipatnam- 521001, Andhra Pradesh

APPLICATION FORM FOR PLAGIARISM CHECK FOR MPhil/ Ph.D

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

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

b) Address for correspondence : _____

c) Telephone & Cell No. : _____

d) E-mail Address : _____

3. Date of Registration (Enclose Copy of Admission. Letter Issued by University) : _____

4. Name of the Program with Faculty : _____

5. Title of the Thesis /Dissertation (Enclose of Admission letter) : _____

6. Is there any change of Title/Topic : Yes () No. ()
(If yes enclose the Proceeding)

7. Research Review meeting particulars : _____
(Office Use Only)

8. Pre-Submission Seminar held on : _____

9. (a). Name of the Supervisor with : _____
Designation, Address & pin code. _____

Mobile no: _____

E- mail.ID: _____

(a). Name of the Co-Supervisor with : _____
Designation, Address & pin code.

Mobile no: _____

E- mail.ID: _____

11. The softcopy of the thesis & synopsis enclosed as per **R&D** Department instructions Yes ()
No ()

12. The details of Plagiarism Check Fee: Rs. 1000/- for three attempts.

(D.D. Drawn in favor of “**The Registrar-Krishna University, Machilipatnam**”)

Name of the Bank & Branch/Challan	Demand Draft No./ Challan. No	Drawee-Branch	Date of Issue/ Receipt

13. The following enclosures are to be made along with this application in addition to the above.

Encl., copies of:-

- (a) Admission. Letter.,
- (b) Fee Receipts,
- (c) Conduct of Seminar Order
- (d) Pre-Ph.D. Mark Memo (**Attested Copy**)
- (e) Soft copy of the Thesis in Word format.
- (f) Proceeding of Change of Title/Topic/Extension If applicable.
- (g) Challana for **Rs 1,000**

Station:-
Date: -

Signature of the Candidate

**Signature of the Co-Supervisor
with Seal**

**Signature of the Supervisor
with Seal**

