



RESEARCH AND DEVELOPMENT
KRISHNA UNIVERSITY
MACHILIPATNAM-521 003 (A.P)

APPLICATION FORM FOR PLAGIARISM CHECK FOR Ph.D/MPhil/MS

Admission 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 & Mobile No.

d) E-mail Address

3. Date of Registration
(Enclose Copy of Admin. Letter Issued
by the University)

4. Name of the Program with Faculty

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

6. Is there any change of Title/Topic
(If yes enclose the Proceeding)

: Yes () No. ()

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. 3000/- 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:-

- Admission Letter.
- Fee Receipts.
- Conduct of Seminar Order
- Pre-Ph.D. Mark Memo (**Attested Copy**).
- Soft copy of the Thesis in PDF format.
- Proceeding of Change of Title / Topic/Extension If applicable.
- D. D. / Challan for **Rs: 3,000/-**

Place:

Date:

Signature of the Candidate

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

**Signature of the Supervisor
with Seal**