

Thesis Processing Cell
Plagiarism Prevention Desk Processing Form

Name of the Student: _____ **Roll No:** _____ **Email:** _____
Department: _____ **Programme:** _____ **Phone:** _____
Thesis Supervisor: _____ **Email:** _____
Title of the Thesis: _____

Date of Submission to PPD:

(To be filled at the Plagiarism Prevention Desk)

Similarity Index of the thesis is _____.

Signature _____ **Date** _____

Coordinator, Thesis Processing Cell

Declaration by the Student

I have checked the Similarity Report and am satisfied with the content of the thesis (Enclosure, if needed).

Signature of the Student _____ **Date** _____

Endorsement by the Supervisor

I have checked the Similarity Report and the similarity is at acceptable levels.

In case the Similarity Index could not be brought down to the required 10% after removing the various sources and remains above 10%, the reasons may please be specified below (Enclosure, if required).

Signature of the Supervisor _____ **Date** _____

The thesis may be submitted in its present form.

Signature _____ **Date** _____

Dean/Associate Dean, Academic Affairs