

# ABASYN UNIVERSITY PESHAWAR

Date: \_\_\_\_\_

## Application Form

### For Similarity Index Test Certificate for Thesis

Name of the Scholar: \_\_\_\_\_

Registration No: \_\_\_\_\_

Level of Thesis (Master/M.Phil/PhD): \_\_\_\_\_

Department: \_\_\_\_\_

Title of Thesis: \_\_\_\_\_

Similarity Index (%): \_\_\_\_\_

Approval of GSRMC: \_\_\_\_\_ Approved on: \_\_\_\_\_

Name & Signature of Supervisor: \_\_\_\_\_

Name & Signature of Co-Supervisor: \_\_\_\_\_  
(If any)

Anti plagiarism Certificate Fee Paid  
(Stamp & Signature of Accounts Section)

YES

NO

Head of Department/Institute/Centre:

Office seal: \_\_\_\_\_