

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: _____

Approval of GSRMC: _____ Approved on: _____

Name & Signature of Supervisor: _____

Name & Signature of Co-Supervisor: _____

(If any)

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

YES

NO

Head of Department/Institute/Centre:

Office seal: _____
