



**SIDDHARTH INSTITUTE OF ENGINEERING & TECHNOLOGY
(AUTONOMOUS)**

Puttur, Tirupati District - 517583, A.P (India)

APPLICATION FORM FOR PLAGIARISM CHECK

1. Name of the Candidate : _____
(**Block Letters**)
2. Roll Number : _____
3. Brach/Specialization : _____
4. Date of Admission : _____
5. Name of the Supervisor : _____
6. Title of the Thesis /Dissertation : _____
7. Publication Details : _____
8. The soft copy of the thesis mailed as per instructions Yes()No() (coesietk@siddharthgroup.ac.in)
9. The details of Plagiarism Check Fee: Rs 500/- for three attempts.
10. The following enclosures are to be made along with this application in addition to the above.

Encl..copies of:-

- a) No due form
- b) Fee Receipts
- c) Mark Memo (**Self Attested Copy**)
- d) Soft copy of the Thesis in PDF & Word format. (if file content is above **20 MB**, divide it two parts.)
- e) Proceeding of Extension If applicable.

Signature of the Candidate

**Signature of the Supervisor
with Seal**

**Signature of the HoD
with Seal**

STATION:-

DATE: -