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**APPLICATION FORM FOR SIMILARITY CHECK**

1. Name of the Students/Research Scholar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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3. Date of Registration: \_\_\_\_\_\_\_\_\_\_\_
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6. Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. File being submitted in: DVD or CD (Please tick)
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| **Language / Script** | **Font** |
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**Undertaking:** I hereby declare that no technical trick has been applied to the text being submitted for similarity check. I owe the responsibility of any such trick if found in future as well.

Signature of the student

It is certified that the work done by the student is his/ her own and same text shall be submitted to the department in print form as well as digital form. List of exclusions duly signed by me is attached as per format (Annexure III) vide university notification no. ACS‑II/19/15626-15713 dated 19.08.2019.

Signature of the Supervisor

**Note:** Please attach one blank CD/DVD, if full report of similarity is to be obtained from Library.

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