



SHRI RAMASAMY MEMORIAL UNIVERSITY SIKKIM

Office of Controller of Examinations

REPORT FOR PLAGIARISM CHECK ON THE SYNOPSIS/THESIS/ DISSERTATION/ PROJECT REPORTS

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2.	Address of the Scholar	Mobile Number:
3.	Registration Number	
4.	Date of Birth	
5.	Department	
6.	Faculty	
7.	Title of the Synopsis/ Thesis/ Dissertation/Project	
8.	Name and address of the Supervisor	Mail ID: Mobile Number:
9.	Name and address of the Co- Supervisor (If any)	Mail ID: Mobile Number:
10.	Software Used	
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Chapter	Title of the Chapter	Percentage of similarity index (including self citation)	Percentage of similarity index (Excluding self citation)	Percentage of plagiarism after excluding Quotes, Bibliography, etc.,
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Thesis abstract				
Appendices				
I / We declare that the above information has been verified and found true to the best of my / our knowledge.				
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