



Shaheed Benazir Bhutto Women University, Peshawar

QUALITY ENHANCEMENT CELL

Application Form

For Anti-Plagiarism Test Certificate for Thesis/Research Proposal

Name of the Scholar _____

Father's Name _____

Education Level M.Phil / M.S / Ph.D Session: _____

Department/Institute/Centre _____

Title of Thesis/ Research Proposal _____

Name of Supervisor _____

Signature _____

Name of Co-Supervisor _____

Signature _____

Head of Department/Institute/Centre:

Office seal: _____