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Application Form

For Anti-Plagiarism Test Certificate for Thesis/Research Proposal/Project

Name: _____

Father's Name: _____

Education Level: BS ☐ Masters ☐
 MPhil ☐ PhD ☐ *If others specify:* _____

Session: _____ **Department/Institute/Centre** _____

Email Address (Student): _____

Specify research work: Synopsis ☐ Proposal ☐ Project ☐ Full Thesis ☐

Title of the work _____

Name of Supervisor _____

Signature _____ **Date:** _____

Email Address (Supervisor): _____

Name of Co-Supervisor _____

Signature _____ **Date:** _____

Head of Department/Institute/Centre:

Signature _____ **Date** _____

Office seal _____