



SHAHEED ZULFIQAR ALI BHUTTO **MEDICAL UNIVERSITY**

Application Form for Plagiarism Test Certificate for Thesis

1	Name of Research Scholar	
2	Level of Thesis (MS, MD, MDS and M. Phil or PhD):	
3	Title of thesis	
4	Registration No.	
5	Name of the supervisor	
6	Department/Institution	

- I hereby declare that I know what plagiarism entails, namely to use another's work and to present it as my own without attributing the sources in the correct way. (Refer to University guidelines for plagiarism)
- I know that plagiarism is a punishable offence because it constitutes theft.
- I understand the plagiarism policy of the University according to HEC policy.
- I know what the consequences will be if I plagiarise in any of the assignments for my degree.
- I declare therefore that all work presented by me for every aspect of my degree, will be my own, and where I have made use of another's work, I will attribute the source in the correct way.

Name of Scholar: _____

Signature: _____

Cell No. : _____

Submission Date: _____