



ABDUL WALI KHAN UNIVERSITY MARDAN, PAKISTAN
QUALITY ENHANCEMENT CELL (QEC)

Email: qec@awkum.edu.pk

Contact: 0937-843359, Cell: 0347-8311527

Date (of submission to QEC): _____/_____/_____.

REQUEST FOR SIMILARITY INDEX CERTIFICATE

It is stated that the (M.Phil/MS/PhD) _____ thesis of Mr/Ms _____ S/D of _____ Registration# _____ of the _____ Department, has been checked for similarity index report and the result is Checked by supervisor %. The same file/thesis has been emailed to QEC for final checking and issuance of the certificate.

Student Contact: _____ Email: _____

Supervisor Contact: _____

Thesis Topic (ASRB Approved): _____

Note: Please attach the notification of the Advance studies and Research Board (ASRB).

*Rupees. _____/- has been deposited in UBL (Garden Campus) vide receipt# _____ Dated: _____

Supervisor Name: _____ Supervisor Signature: _____

HoD/Chairperson Name: _____ Signature & Stamp: _____

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ACKNOWLEDGMENT

Request for similarity index certificate in r/o Mr/Ms _____ S/D/O _____
Registration# _____ Department of _____ for (MS/MPHIL/PhD)
_____ has been received at QEC on _____.

Note: The Similarity index certificate will be issued on the provision of this receipt.

DEALING ASSISTANT