**For Faculty**

UNIVERSITY LIBRARY

**GURU ANGAD DEV VETERINARY AND ANIMAL SCIENCES UNIVERSITY LUDHIANA**

# REQUEST FORM FOR REGISTRATION ON ANTI-PLAGIARISM SOFTWARE

# (For both Submitter and Receiver Account)

1. Name

PHOTO

1. Designation
2. Mobile No.
3. Department
4. Phone No. of the Department
5. College
6. E-mail ID (Personal)

# Note: The web-link(s) to register as Submitter as well as Receiver will be sent at email address provided by you at No. 7.

# Declaration:

* 1. I will abide by all rules framed by University Library for usage of Anti-plagiarism software.
	2. I will take NOC at the time leaving this University.
	3. I will solely be responsible for any use/misuse of my user account.

# (Full Signature & Designation)

Certified that information given by the above employee is correct. In case of his/her transfer or leaving the Department/College/University he/she would be required to take No Due Certificate from GADVASU Library.

Recommendation & Forwarded

# (Dean/Head)

**(Signature with Date & Seal)**

Despatch No: Approved/Not Approved

Date:

# University Librarian

**(For Office Use Only)**

1. Registration link sent on
2. No. of documents allowed to be checked

# Signature