



KERALA UNIVERSITY OF HEALTH SCIENCES

THRISSUR - 680 596

PHONE: 0487 - 2207650, 2207664 FAX: 0487 - 2206770

No: 27405/2022/DA A1/KUHS

Date: 08-07-2025

Notification for Plagiarism Checking Facility

As part of the commitment to uphold academic integrity and excellence, Kerala University of Health Sciences has published its plagiarism policy. In view of this, KUHS is initiating a facility for a checking plagiarism in the academic documents through the online software platform selected by the University.

In the first stage, the facility will be open only to Postgraduate Students, PhD Scholars and Faculty under KUHS Schools and affiliated institutions.

Instructions and conditions

- Applications open only to the students who are currently undergoing courses under Kerala
 University of Health Sciences in KUHS Schools / affiliated colleges, PhD Scholars registered
 under KUHS and Faculty currently working in KUHS Schools / affiliated colleges.
- The fee for plagiarism checking will be Rs.400/- for faculties and Rs.200/- for students per submission.
- The applicants may remit the fee though the link provided in the University Web Portal. Fee once remitted will not be refunded.
- The applicant should submit the following documents as pdf format (word to pdf) to plagiarismcheck@kuhs.ac.in
- 1. Duly filled up application form
- 2. Complete document to be checked, cover to cover (max 800 pages)

- 3. Body part of the document to be checked (from content to conclusion, including abstract and appendices)
- 4. Fee paid receipt generated after remitting the required fee
- 5. The applications will be processed only after realisation of the payment and verification of the details provided by the applicant. Incomplete applications and those with incorrect details will be rejected.
- 6. The result of the submission, i.e., the plagiarism check report generated by the software will be transmitted as such to the email id of the applicant.
- 7. If the result is not satisfactory, the document may be submitted again with modifications as necessary, paying the fee as above. These will be treated as new submissions
- **8.** All communications regard should forwarded ID: this be the mail plagiarismcheck@kuhs.ac.in

Registrar

For any further queries, contact 0487-2207775, 2207783, 2207752

Phone: 0487-2207664, 2207642 Fax: 0487 - 2207616, 2207620

Application Form for Plagiarism Checking

1. Name	:
2. Register No. /FEP ID	:
3. Course	:
4. Department	:
5. College	:
6. email ID	:
7. Phone No	:
8. Title of the document / thesis:	
<u>Declaration</u>	
I	
following documents with	the application. I understand that if any false data or misleading information is
found, the application will	be rejected.
*	nt to be checked, cover to cover nesis (from content to conclusion, including abstract and appendices) paid
Date	

Name and signature