

Format I

SRM INSTITUTE OF SCIENCE AND TECHNOLOGY (Deemed to be University u/s 3 of UGC Act, 1956)

Office of Controller of Examinations

REPORT FOR PLAGIARISM CHECK ON THE PROJECT REPORT FOR **UG/PG PROGRAMMES**

(To be attached in the Project Report)

1	A. RAHUL ARAVIND				
1	Name of the Candidate(s)	PRASANTH CHOWDARY . Y			
2	Address of the Candidate	Department of Mechanical Engineering, SRM Institute of Science and Technology, SRM Nagar, Kattankulathur 603203. Mobile Number of Candidate 1: 8939119379 Mobile Number of Candidate 2: 8825953241			
3	Registration Number of the Candidate(s)	RA1711002010024 RA1711002010049			
4	Date of Birth of the Candidate(s)	05 / 03 / 1999 04 / 09 / 1999			
5	Department	Mechanical Engineering			
6	Faculty	Engineering and Technology			
7	Title of the Project	Modelling and simulation of Bifacial solar PV systems.			
8	Name and address of the Supervisor	Mr. Joji Johnson Department of Mechanical Engineering, SRM Institute of Science and Technology, SRM Nagar, Kattankulathur 603203. E-mail: jojij@srmist.edu.in Mobile: +91 9884214230			
9	Name and address of the Co-Supervisor (if any)	Not Applicable			
10	Software Used	TURNITIN			
11	Date of Verification	21 MAY 2021			

12	Plagiarism Details: (to attach the final report from Turnitin)			
Chapter	Title of the Chapter	Percentage of similarity index (including self citation)	Percentage of similarity index (Excluding self citation)	% of plagiarism after excluding Quotes, Bibliography, etc.,
1	Introduction	0	0	0
2	Literature Review	<1	<1	<1
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4	Simulation	<1	<1	<1
5	Conclusion	0	0	0
6	Future Enhancement	0	0	0
7	References	0	0	0
8				
Appendices		1	1	1
7	Total Plagiarism percentage	2		

 $\rm I\,/\,We$ declare that the above information have been verified and found true to the best of my / our knowledge.

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PRASANTH CHOWDARY.Y

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A.RAHUL ARAVIND

Signature of the Candidate(s)

Vengatraman S

Name and Signature of the staff performed Plagiarism Check with date

Name and Signature of the Guide	Name and Signature of the Head of the Department