

**SIMILARITY INDEX CERTIFICATE FOR CLINICAL
CLERKSHIP/INTERNSHIP/PROJECT REPORT**



Approved Title:

Title of the Topic

Department :

**Name of Department
University of Swabi**

Submitted by:

Student Name (e.g. Muhammad Anwar)
Name of Program (e.g. BS/BBA/LLB/Pharm-D)

Supervisor Name & Signature:

Name of Supervisor (e.g., Mr. Imad Khan)
Designation & Department

Submission ID & Date:

Similarity Index (Attach proof):

Signature by Assistant QEC:

COUNTER SIGNED BY:

DIRECTOR/DEPUTY DIRECTRESS/ASSISTANT DIRECTRESS QEC

**Note: Concerned supervisor to please provide a soft copy of Clinical Clerkship Report to QEC
via assistantqec@uoswabi.edu.pk**

**DIRECTORATE OF QUALITY ENHANCEMENT,
THE UNIVERSITY OF SWABI, KHYBER PAKHTUNKHWA,
PAKISTAN**