



*COUNCIL OF.....*

Research Committee

Date:     /     /     .

*Supervisor Approval of Completion*

*MD thesis.....*

.....

.....

*Candidate: Dr.....*

*Supervisor professor /Dr:.....*

*Co- Supervisor professor /Dr:.....*

*We hereby certify that the above mentioned thesis was meticulously supervised ,  
carefully revised according to the examiner suggestions .The thesis ready to be  
submitted to the library .*

*Name of Examiner :.....*

.....