

Sudan Medical Specialization Board

المجلس القومي للتخصصات الطبية



Research Proposal Approval Form

Name of council:

Name of Candidate:.....

Topic.....

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Supervisor:

Name.....Signature.....

Co-Supervisor:

Name.....Signature.....

Approval of the Council Research committee

Date.....Signature.....

Approval of the Research Ethical committee

Date.....Signature.....