

CERTIFICATE BY THE GUIDE

This is to certify that the thesis titled _____

submitted to **Chettinad Academy of Research & Education**, in partial fulfillment of the requirements for the Degree of **D.M. (Doctor of Medicine)** in the specialty of _____ in the Faculty of Medicine is a bonafide record of work done by Dr. _____ in **Chettinad Hospital & Research Institute** under my guidance. I also certify that the work is free of plagiarism and that the institutional ethics and all the other necessary approval have been obtained for the study.

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Attested by:

The Head of Department

Signature:

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The Head of Institution

Signature:

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DECLARATION BY THE CANDIDATE

I, Dr. _____ hereby declare that the thesis titled _____ submitted by me to the **Chettinad Academy of Research and Education** under the guidance of Dr. _____ towards partial fulfillment of the requirements for the award of Degree of **D.M. (Doctor of Medicine)** in the specialty of _____ in the Faculty of Medicine, **Chettinad Hospital and Research Institute** is the original work done by me and has not been submitted, either in part or in entirety, to any other University for the award of any degree. I also declare that the work is free of plagiarism and that the institutional ethics and all the other necessary approval have been obtained for the study. I have followed the specifications and guidelines of the University and the Guide has been referred to in the preparation of the thesis. I consent to deposit a copy of the approved thesis in the Institutional Library for reference as required in the course regulation.

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Signature of Candidate

Place:

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Attested by:

The Guide

The Head of Department

Signature:

Signature:

Name:

Name:

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