**FACULTY OF DENTAL SCIENCES**

**DOCUMENT 10**

**UNIVERSITY OF PERADENIYA**

To : Dean/Dental Sciences

**Final Submission of the M.Phil/Ph.D Thesis**

(hard bound form) Certification

This is to certify that Dr./Mr./Mrs./Ms...............................................................................................

Reg. No. ................................................................... has carried out the corrections/ modifications to the thesis titled.........................................................................................................................................

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