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 **Faculty of Dentistry**

Title:

A Thesis Submitted in Partial Fulfillment of the Requirement

 for the Degree of M.D in ….

Supervisor(s)

**Dr. …….**

**Dr. …….**

Advisor(s)

**Dr. …….**

**Dr. …….**

By

**……………….**

**Month and Year**

**……………….**