Department of Plastic and Reconstructive Surgery

7 York Road, Parktown, 2193 South Africa • Telegrams "Witsmed" • Telephone (011) 717-2181 • Fax (011) 717 2439

27 July 2016

Dear Prof M. Smith

Re: MMed dissertation – Dr Vaneshri Chetty

I would like to indicate that we are satisfied with corrections made by Dr Vaneshri Chetty as per Examiners recommendations.

I am requesting a confirmation letter from Academic Head of Surgery to the Post Graduate Department.

Kind Regards

Prof E Ndobe
Department of Plastics & Reconstruction Surgery
University of the Witwatersrand
Acting Head of the Department
UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

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School of: Plastic & Reconstructive Surgery

Submission of Masters (Dissertation) or Masters (Research Report) or PhD Thesis (Note: This form should only be completed at final submission of dissertation or research report or thesis)

PLEASE WRITE CLEARLY IN BLOCK LETTERS (If completing form by hand)

Full name: Chetty
Person number: 0706650H
E-mail: Vaneshri@gmail.com
Postal address: PO BOX 42992, Fordsburg, 2033
Home Tel
Work Tel
Cell: +33 642943927

1. If you are likely to move in the next 6 – 12 months please provide the mailing address and effective date of a change in address

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Name of supervisor: ______Prof. E. Ndobe_________________________ Discipline: ____________________________

Plastic & Reconstructive Surgery

School: Surgery ____________________________ Signature: ____________________________

Name of second supervisor (if more than one): Dr. Deidre Kruger ____________________________

Discipline: __Research Coordinator Surgery School: _______ Medicine________________________

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The candidate must attach an original "Certificate to accompany Higher Programmes Research Report" from his/her supervisor(s).

Signature

Signature of candidate: ___________________________ Date: ___________ 18-07-2016

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<tr>
<td>Student number</td>
<td>0706650H</td>
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Candidate for the degree of _MMED PLASTIC & RECONSTRUCTIVE SURGERY_ has submitted his/her thesis/dissertation/research report

Entitled: The Safety of the Superiomedial Pedicle for Gigantomastia

| Contact no | +33 642942739 | E-mail | vaneshri@gmail.com |

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List all publications, which your student have published in peer-reviewed journals from his/her postgraduate research report/dissertation/thesis during the course of his/her studies in the Faculty of Health Sciences (Include authors, year, title of paper, name of journal, volume number and page numbers). This information is mandatory.

None
Name of Supervisor: Prof. Ndobe, E
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