Department of Plastic and Reconstructive Surgery

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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

FACULTY OF HEALTH SCIENCES

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School of	Plastic & Reconstructive Surgery

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

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Name of supervisor: Prof. E. Ndobe Discipline: Plastic & Reconstructive Sugery

School Surgery
Signature: E Ndobe

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

Discipline: Research Coordinator Surgery
School: Medicine

26/05/2015

Signature _____

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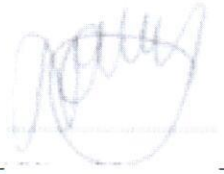

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Full name	Chetty, Vaneshri		
Student number	0706650H		
Candidate for the degree of: _MMED PLASTIC & RECONSTRUCTIVE SURGERY_____ *has submitted his/her thesis/dissertation/research report* Entitled: The Safety of the Superiomedial Pedicle for Gigantomastia _____ _____ _____ _____			
Contact no	+33 642942739	E-mail	vaneshri@gmail.com

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_____None_____
_____
_____

Name of Supervisor: ____Prof. Ndobe, E_____Telephone:0824156140_____

Signature: _____ E-mail: elias.ndobe@gmail.com____

Date: _____27/07/2016_____

Name of Supervisor: _Deirdre Kruger_____Telephone: _(011) 717-2376_____

Signature: _____ E-mail: Deirdre.Kruger@wits.co.za_____

Date: _____27/07/2016_____

Name of Supervisor: _____ Telephone: _____

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