



Postgraduate Office, Faculty of Health Sciences

Wits Medical School, 7 York Road, PARKTOWN, 2193, Johannesburg • Tel: (011) 717 2075 • Fax: (011) 717 2000 •

CERTIFICATE OF SUBMISSION TO BE SIGNED BY ALL SUPERVISORS OF HIGHER DEGREE CANDIDATES

TSHIMANGADZO ABIGAIL LUKHAIMANE 422402 0823397681 tshima@mwweb.co.za
(Name) (Student Number) (Telephone) (E-mail)

Candidate for the degree of **Master of Medicine in Obstetrics and Gynaecology** has submitted his/her dissertation report
(degree)

Entitled: **Knowledge and Willingness to use emergency contraception among post-partum women at Chris Hani Baragwanath Academic Hospital**

1. Has this dissertation report been submitted with the acquiescence of the supervisor?

Yes

2. To the best of your knowledge are you able to verify that:

2.1 this is the candidate's work except as otherwise stated by the candidate?

Yes

2.2 the substance (nor any part of it) has not been submitted in the past nor is being submitted for a degree in any other university

Yes

2.3 the candidate has acknowledged wherever any information used in the thesis, dissertation or other work has been obtained by him/her while employed by, or working under the aegis of, any person or organization other than the University or its associated institutions?

Yes

PLEASE TICK THE APPROPRIATE WORD

3. I certify that this thesis/dissertation/research report has the approval of the Animal Ethics Committee/
Committee for Research on Human Subjects and the Number of the Certificate of Approval is: **M120354**

IMPORTANT NOTICE:

With reference to the Faculty Standing Orders, point A.24 *Nomination of Examiners*; please note that the nomination of examiner's form must be submitted to the Postgraduate office at least six weeks before the student submits his/her thesis/dissertation/research report for examination. The Postgraduate Office will not receive any submission for examination, without the confirmed appointment of the nominated examiner's.

Name of Supervisor: Dr Yasmin Adam

Telephone: 0832602638

Signature:

E-mail: yasminadam@gmail.com

Name of Supervisor: _____

Telephone: _____

Signature: _____

E-mail: _____

Date: _____

10. Did your research involve animal experimentation?

Yes ☐ No ☒

If Yes, please certify that clearance was obtained from the Animal Ethics Committee.

Clearance number: _____

11. Did your research involve the use of human subjects, human tissue or other material, or patient records?

Yes ☒ No ☐

If Yes, has clearance been obtained from the Human Ethics Committee?

Yes ☒ No ☐

12. I understand that I may not graduate unless my University fees have been paid in full.

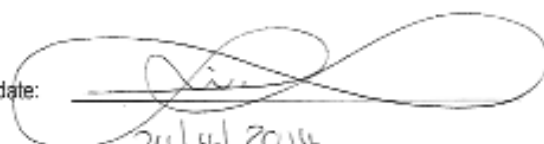
13. Name of supervisor/s:

Dr Yasmin Adam__ Department: Obstetrics and Gynaecology CHBAH

Telephone: __0832602638__ E-mail: yasminadam@gmail.com

Signature of Candidate: _____

Date: _____


24/4/2014