**MASTER THESIS WORK**

**FORM TH-4**

We hereby recommend that the dissertation prepared under our supervision by: (Student Name & Regn No.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Titled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_be accepted in partial fulfillment of the requirements for the award of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_degree with (\_\_\_\_\_\_\_\_\_\_\_\_\_Grade).

**Examination Committee Members**

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