**XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX**

Thesis submitted to



in partial fulfillment of the requirement

for the award of the Degree of

**DOCTOR OF MEDICINE (D.M)**

in the Specialty of

**XXXXXXX**

by

**NAME OF THE CANDIDATE**

**Register No. XXXXXXXXXXX**

**Department of Xxxxxxxxxxx**

**CHETTINAD HOSPITAL AND RESEARCH INSTITUTE** Kelambakkam, Kanchipuram Dist.,  
 Tamil Nadu-603 103, India

**MONTH YEAR**

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I, Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that the thesis titled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

submitted by me to the **Chettinad Academy of Research and Education** under the guidance of Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ towards partial fulfillment of the requirements for the award of Degree of **D.M. (Doctor of Medicine)** in the specialty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Faculty of Medicine, **Chettinad Hospital and Research Institute** is the original work done by me and has not been submitted, either in part or in entirety, to any other University for the award of any degree. I also declare that the work is free of plagiarism and that the institutional ethics and all the other necessary approval have been obtained for the study. I have followed the specifications and guidelines of the University and the Guide has been referred to in the preparation of the thesis. I consent to deposit a copy of the approved thesis in the Institutional Library for reference as required in the course regulation.

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