

**Kurdistan University of Medical Sciences**

**Faculty of Medicine**

**Title:**

**………………………………………………………………………………………………………………..**

**Thesis Submitted in Partial Fulfillment of the**

**Requirements for the Degree of Doctor of Medicine**

**Supervisors**

**…………………..**

**………………….**

**Advisor**

**……………….**

**By**

**……………**

**Year/season**