**SUPERVISORS CERTIFICATE**

I **(Enter Name of Supervisor with Designation here)** certify that to the best of my knowledge the research work embodied in this thesis, entitled ***“Enter title of thesis in bold and italic format here within inverted commas”*** was entirely carried out by Mr./Miss./Ms. (**Enter Name followed by registration no of student here)** under my direct supervision and guidance from **(Enter Date)** to this date and has not been used in part or full in a manuscript already submitted or in the process of submission in a partial/complete fulfillment of the award of any other degree from any other institution.

I further certify that necessary corrections and suggestions recommended by Institutional Review committee during thesis defense have been incorporated and I have personally checked the citations, format of thesis, literature review, data, statistical methodology, results, appendix and all relevant aspects of this thesis and certify their correctness/authenticity as per university standards and requirements.

I fully endorse the final submission of this thesis as partial fulfillment of the requirements for the degree of Doctor of Physical Therapy.

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