(Attachment 9)

Certificate

(year) (month) (day)

The Dean, Graduate School of Medical and Dental Sciences

TMDU Supervisor or referring advisor:

[seal]

MU Supervisor or referring advisor:

[seal]

Submitter:

Thesis title

“

”

Presentation (post) Publication name

To be presented on (year) (month) (day)

Issue No. Posting

We certify that the above submitter of the thesis played a major role in the joint research of the aforementioned paper.