**“THESIS TITLE”**

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**DOCTOR OF PHYSICAL THERAPY**

**FOUNDATION UNIVERSITY INSTITUTE OF REHABILITATION SCIENCES**

**FOUNDATION UNIVERSITY ISLAMABAD – PAKISTAN**

**Month,Year**

**“THESIS TITLE”**

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A thesis submitted in partial fulfillment of the requirements for the award of degree of doctor of physical therapy

**SUPERVISOR NAME: BOLD, BLOCK LETTERS, Calibri style, Font Size 16**

**CO-SUPERVISOR NAME: BOLD, BLOCK LETTERS, Calibri style, Font Size 16**

**FOUNDATION UNIVERSITY INSTITUTE OF REHABILITATION SCIENCES**

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**Month,Year**