

Department of Psychology



# MONNAD UNIVERSITY

Department of Psychology  
Faculty of Education

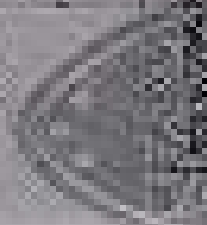
## Provisional Certificate

This is to certify that Mr. [Name]

Residing at [Address]

has passed Master of Philosophy (Psychology)

with First class



on the 25/05/2011

at [Location]

in the presence of [Name]

Chairman of the Board

in the month of May

2011

Signature of [Name]

[Signature]

[Signature]

