



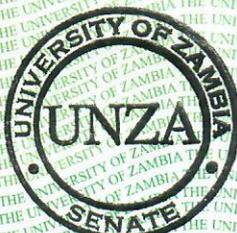
# THE UNIVERSITY OF ZAMBIA

THIS IS TO CERTIFY THAT

*Phyllis Makala Moonga*

having satisfied the requirements for the  
award of the degree of

**MASTER OF MEDICINE**  
(Ophthalmology)



was admitted to the degree at a Graduation  
Ceremony held on the *19th* day  
of *December* in the year *2017*

*[Signature]*  
Vice-Chancellor

*[Signature]*  
Registrar

Graduate's Signature

Graduate's ID No.

*[Signature]*

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