

FIELDWORK REPORT

Submitted to the University of Mysore in partial fulfilment of the requirements for the award
of degree in Master of Science in Psychology

By

KAJAL U. P

Reg. No: PC119069

GUIDE

Dr. SOMESHA.C

Guest Faculty

DEPARTMENT OF STUDIES IN PSYCHOLOGY

UNIVERSITY OF MYSORE

MANASAGANGOTRI

MYSORE

MARCH-2021

CERTIFICATE

This is to certify KAJAL U.P, bearing register number PC 119069 has satisfactorily completed the field work at the **REVIVE HOLISTIC NEUROPSYCHIATRIC CARE AND REHABILITATION CENTER, MYSORE**, in partial fulfilment of the requirements for the award of degree in Master of Science in psychology during the academic year march 2021.


Signature of Chairman,
DOS in Psychology
University of Mysore
Manasagangothri
MYSORE - 570 006


Signature of Guide,

Dr. Somesha. C