

**PROJECT WORK REPORT**

**Carried out at Krishna Rajendra Hospital, Mysore**

Submitted in partial fulfilment of the requirements for the award of Degree in  
Master of Science in Psychology

**Submitted by**

CHAITHRA K S

Reg.No.PC119058

**Supervisor**

**Dr. CHANDRASHEKARA.D**

**GUEST FACULTY**

**DEPARTMENT OF STUDIES IN PSYCHOLOGY**

**UNIVERSITY OF MYSORE**

**MANASAGANGOTTHRI**

**MYSORE**

**MARCH - 2021**

## CERTIFICATE

This is to certify that CHAITHRA K S bearing register number PC119058 has satisfactorily completed the fieldwork under my guidance and supervision at the Department of Psychiatry, Krishna Rajendra Hospital, Mysore, in partial fulfilment of the requirements for the award of Degree in Master of Science in Psychology during the academic year 2020-2021

*[Handwritten Signature]*  
22/03/21

**Signature of the Chairman**

Dr.G.Venakatesh Kumar  
DOS IN PSYCHOLOGY  
UNIVERSITY OF MYSORE  
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CHAIRMAN  
DOS in Psychology  
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*[Handwritten Signature]*  
20/03/2021

**Signature of the Supervisor**

Dr.Chandrashekar.D  
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*[Handwritten Signature]*  
20/03/2021