

PROJECT WORK REPORT

CARRIED OUT AT AASHRITHA NEURO-PSYCHIATRIC CLINIC

**FIELDWORK REPORT SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENT FOR THE AWARD OF DEGREE OF MASTER OF SCIENCE
IN PSYCHOLOGY PRESCRIBED BY THE UNIVERSITY OF MYSORE-570006**

**Submitted By,
HARSHITHA. V**

REGISTER NUMBER: PC119063

**Guide
DR. SAMPATH KUMAR
Professor**

**DEPARTMENT OF STUDIES IN PSYCHOLOGY
MANASAGANGOTRI
UNIVERSITY OF MYSORE
MYSURU - 570006**

MARCH 2021


CERTIFICATE

I hereby certify that this field work has been carried out by **HARSHITHA.V** with Register Number PC119063 under my Guidance and Supervisor. This field work report is being submitted in partial fulfillment for the Master of Science in Psychology in University of Mysore.


CHAIRMAN

DR.G VENKATESH KUMAR

CHAIRMAN
DOS in Psychology
University of Mysore
Manasagangotri
MYSORE - 570 006


22/03/2021
GUIDE
Dr. SAMPATHKUMAR
M.A., M.Phil., Ph.D.
DR.SAMPATHKUMAR
Department of Psychology
University of Mysore
Manasagangotri
Mysuru-570 006 India