

# **PROJECT WORK REPORT**

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**CARRIED OUT AT AASHRITHA NEURO-PSYCHIATRIC CLINIC**

**THIS PROJECT WORK 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,**

**RAVISHANKAR SALI**

**REGISTER NUMBER.PC119079**

**SUBMITTED TO,**

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**ASSISTANT PROFESSOR**

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**UNIVERSITY OF MYSORE-570006**

**MARCH 2021**

# CERTIFICATE

I hereby certify that this fieldwork has been successfully carried out by RAVISHANKAR SALI, with Register Number PC119079 under my Guidance and Supervision. This fieldwork report is being submitted in partial fulfillment for the Master of Science in Psychology and has not been submitted to any other university, for the award of any Degree or Diploma.

  
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*conducted viva*

  
29/03/2021