

**INTERNSHIP INFORMATION SHEET**  
(to be submitted to college for approval)

**Name of the Student:** Diana Charles D'Cruz

**Class and Register No of the student:** 4 MPC 19PC0010

**Name of the college supervisor:** Sandhya.S and Sunita K Damodar

**Name of the Organization interning:** Saffron Sky solutions

**Name of the Onsite Supervisor:** Dr. Sareeta Behera

**Address of the Organization:** Incubation center, Dev Sanskriti Vishwavidyalaya,  
Gayatrikunj-Shantikunj, Haridwar

**Designation of the onsite supervisor:** Founder and Managing Director

**Phone/Email of the supervisor:** sareeta08@gmail.com

**Contact Details of the organization:**

**Website:** www.asaffronsky.com

**Email id:** touch@asaffronsky.com

**Office Phone Number:** +91 87914 60961

**Internship starting date and ending date:** 15/06/2021

**No of days of the week/hours you will be interning:** Will be assigned tasks on the first day of the week and will get an entire week to work on and submit on the weekend. (6 days a week)

**Nature of work that you will be undertaking:** Module-based learning on psychoeducation and intervention, with case discussion.

**Any other information for college supervisor's reference:** The organization has agreed to provide shadow counselling if the clients they undertake are comfortable with it and have also agreed to provide us with supervision if we get clients on our own.

**Date:** 15/06/2021

**Diana D'Cruz**  
**Signature of the student.**