

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

Name of the Student: Nayna Bhattacharjee

Class and Register No of the student: 4MPC, PC190027

Name of the college supervisor: Mr. Nachiketh B

Name of the Organization interning : Swar Early Intervention Centre

Name of the Onsite Supervisor : Sashi Kala

Address of the Organization: Bangalore

Designation of the onsite supervisor:. Speech Therapist, Manager

Phone/Email of the supervisor:

Contact Details of the organization:

Website: <https://swar-early-intervention-centre.business.site/>

Email id:

Office Phone Number:

Internship starting date and ending date: Starting Date- 01-07-2021

No of days of the week/hours you will be interning:

Nature of work that you will be undertaking:

1. Speech Therapy
2. Collecting Case history and MSE under supervision.

Any other information for college supervisor's reference:

The therapy is given to children suffering from ASD, ADHD, CP, GDD and Speech Delay issues.

Date: 07-07-2021



Signature of the student.