

## **INTERNSHIP INFORMATION SHEET**

**(to be submitted to college for approval)**

**Name of the Student: S. Raksha**

**Class and Register No of the student: MSc Psychology, PY190031**

**Name of the college supervisor: Ms Sandhya and Mrs Shikha**

**Name of the Organization interning : National Institute for Empowerment of Persons with Intellectual Disability**

**Name of the Onsite Supervisor : Dr. G. Sri Krishna**

**Address of the Organization: Secunderabad Railway Station Road ,Railway Officer Colony, Botiguda, Manovikas Nagar, Secunderabad, Telangana 500003**

**Designation of the onsite supervisor: Rehabilitation Psychologist**

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

**Contact Details of the organization:**

**Website: <https://www.niepid.nic.in/>**

**Email id: <https://www.niepid.nic.in/>**

**Office Phone Number: 040 2775 1741**

**Internship starting date and ending date: 21/06/2021 - 21/07/2021**

**No of days of the week/hours you will be interning: 40 Hours**

**Nature of work that you will be undertaking: Case History Taking, MSE Taking, Conducting IQ Assessments and Autism Screening**

**Any other information for college supervisor's reference:**

**Date: 21/06/2021**

**Sindhunoori Raksha**

**Signature of the student.**