

INTERNSHIP INFORMATION SHEET

Name of the Student: **SRISHTI DIXIT**

Class and Register No. of the Student: **M.Sc. Psychology and PSY190042**

Name of the college Supervisor: **Dr. Beena Daliya & Ms. Mridula V. Kulkarni**

Name of the Organization Interning: **Re-Chal Charitable Trust and Let us Dream**

Name of the Onsite Supervisor: **Ms. Roseline Florence Gomes**

Address of the Organization: **24/59-2, Nirma-Preema Nilaya Sylvester Compound, Bhatnagar Thokkottu, Ullala Post, Mangalore-575020, Karnataka, India**

Designation of the Onsite Supervisor: **Roseline Florence Gomes, Professor and counsellor Dept of Psychology, Jyoti Nivas College, Autonomous, Hosur Road, Bangalore-560095**

Phone/Email of the Supervisor: **9972073420**

Contact Details of the Organization:

Website:

Email id: **rechalngo@gmail.com**

Office Phone Number: 9743082338

Internship Starting Date and Ending Date: **24th May to 15th July**

No. of days of the week/hours you will be interning: **5 hours a day, 5 days a week**

Nature of work that you will be undertaking: **Behavior Observations, Case Studies, Assignments, Case Presentations, Mental Status Examination, Case History Taking, Psychological Disorder with Case Discussions, Treatment Plans.**

Date: **14 June, 2021**



Signature of the Student: