

# **FIELD WORK REPORT**

Carried out at Krishna Rajendra Hospital, Mysore.

Field work report submitted in partial fulfilment of the requirement for the award of Master of science Degree in psychology prescribed by University of Mysore

**Submitted by**

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**MANASAGANGOTHRI**

**MYSORE-570006**

**MARCH 2023**

# CERTIFICATE

I hereby certify that this field work has been successfully carried out by **ANUSHA, B M.** with registration number **PO1ZZ21S0575**, at **Krishna Rajendra Hospital** under my guidance and supervision. This field work is submitted in partial fulfilment for the Master of Science in psychology and has not been submitted to any other University for the award of any Degree or Diploma.

Valued

17/04/2023

17/04/2023

17/04/2023

**Signature of the Chairman**  
**(Dr. Sampath Kumar)**

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**Signature of the Supervisor**  
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