## APPENDIX – I DECLARATION

I Ms./Mr./Dr							hereby declare that I				
an	n a stuc	dent	of M.	A. Ps	ychology (Pa	art II), Jan	uary/July	year, at	the St	udy	
Center Code					, Regiona	al Centre _				and	
Ι	want	to	do	my	Internship	(MPCE	015/MPCE	025/MPCE	035)	at	
							on my own	free will. I wil	l adher	e to	
the standards of the organization and display professionalism during my internship.											
Signature of the Student							Date:				
Name of the Student:								Place:			

**Enrollment No.:**