



# CERTIFICATE

This is to certify that

Mr/Ms. SUSTA.P

has successfully completed .....<sup>30</sup>.....hours/days of internship at

Mind Zone, Chennai from .....<sup>8/8/22</sup>..... to .....<sup>10/9/22</sup>..... . During the tenure,

he/she maintained a good conduct.

INTERNSHIP CO-ORDINATOR

**Dr. SUNIL KUMAR**  
Clinical Psychologist  
RCI CRR No. A55279  
Founder - Mind zone