

ಸಂತ ಅಲೋಷಿಯಸ್ ಕಾಲೇಜು (ಸ)
ಮಂಗಳೂರು-575 003



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DEPARTMENT OF SOCIAL WORK

CERTIFICATE

This is to certify that (Name).....KRISHNENDHU P.....
bearing Reg.No.2316254..... is a bonafide student of BA.C.... Semester
(..1..) batch has undertaken a project work entitled
“.....REALTIONSHIPS.....”
in partial fulfilment of the requirement for Continuous Internal Assessment
for Semester ...1.... and that he/she has worked under my supervision.

Place: MANGALORE

Date: 11/11/2023

Name of the Project Guide

Ms. KANYA

Ms Savitha Dsouza
HOD