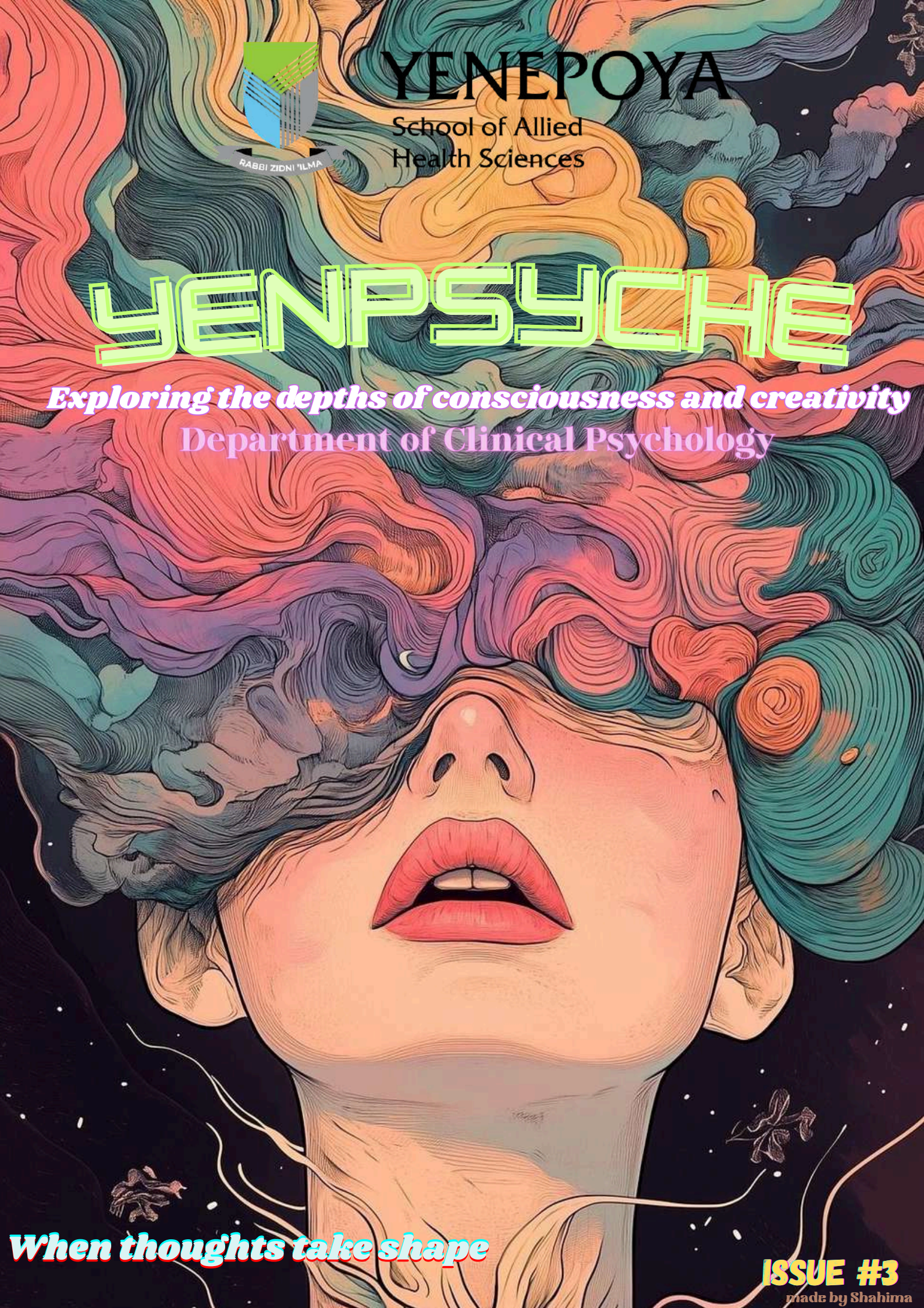

YENEPOYA
School of Allied
Health Sciences
RABBI ZIDNI 'ILMA
YENPSYCHE
Exploring the depths of consciousness and creativity
Department of Clinical Psychology
When thoughts take shape
ISSUE #3
made by Shahima

EDITORIAL'S PERSPECTIVE

At YenPsyche, we hold a profound belief: the human mind is not merely an organ; it is a cosmos in itself, vast, intricate, and endlessly full of mysteries. Within this inner universe, stars are born as ideas, constellations take shape as memories, and galaxies spiral endlessly with the energy of our emotions. Every thought you entertain, every dream you drift into, and every emotion you carry is not random it is a brushstroke in the grand painting of your inner self. And it is our mission, issue after issue, to journey into these inner galaxies, mapping the uncharted terrains of the psyche.

In this edition, we take a deeper dive into the subconscious that wellspring of creativity, imagination, and hidden truths that shape the very core of who we are. The subconscious is a realm that whispers through symbols, images, and intuitions; it is where unresolved fears live side by side with our boldest desires. It is here that dreams are woven from fragments of memory, where art resonates with such depth it moves us beyond words, and where mindfulness reveals the fragile yet powerful layers of our perception.

Psychology, for us, is not confined to the walls of clinics or diagnostic manuals. It is also about meaning, beauty, connection, and the deeply human desire to understand ourselves and each other. In every study of memory, in every reflection on emotion, in every discovery about consciousness, we find echoes of humanity's oldest quest: to know who we are and why we are here.

As you turn these pages, I invite you not only to read but to experience. Pause on a line that stirs something inside you. Reflect on the questions that arise. Perhaps even allow yourself to dream alongside these words. Because the mind is more than an object of study it is a mirror, reflecting back the deepest truths of our existence. And when we dare to look closely, we discover that to explore the mind is to rediscover ourselves.

With curiosity, wonder, and reflection,
~Shahima, BSC Clinical Psychology 25

CONTENTS

INTRODUCTION

Dear Readers,

Welcome to the latest edition of Yenpsyche, a space where the students of the department of psychology come together to share their ideas, stories and insight to inspire

This month's issue speaks about 'Suicide Prevention', a topic that is very relevant to the situation of many in this generation. Inside, you'll come across various articles under the topics, Common Mental Health Issues, Phobias, Suicide Prevention, Instagram vs. Reality and a thought provoking essay on Why ChatGPT should not be used as a therapist.

As always, our goal is simple: to inform, inspire, and remind you that you're never alone on this journey.

On that note, we are thrilled to share this issue with you. Happy reading!

— The Editorial Team

B.Sc Clinical Psychology 25

Common Mental Health Issues

Anxiety Disorders:

Post-traumatic stress disorder:

Post-traumatic stress disorder, or PTSD, is a mental health issue that can occur after someone experiences or witnesses a very distressing or life-threatening event. While the trauma may pass, the emotional effects can linger, affecting people of all ages and backgrounds.

-Iram Saifi
Bsc. Clinical Psychology 25

Obsessive-compulsive disorder:

OCD is an anxiety disorder in which a person has recurrent obsessions or compulsions, or both. Obsessions are persistent thoughts, ideas, or images that seem to invade a person's consciousness. Compulsions are repetitive and rigid behaviours or mental acts that people feel compelled to do to reduce anxiety.

-Khadeeja Nuzhah
Bsc. Clinical Psychology 25

Mood Disorders:

Bipolar Disorder

Bipolar Disorder is the alternative periods of depression and mood. It is a mental health condition that causes extreme mood swings. These include emotional highs also known as mania or hypomania

Premenstrual Dysphoric Disorder (PMDD).

PMDD is a severe mood and physical symptom problem associated with the menstrual cycle. It occurs during the luteal phase and subsides with menstruation.

-Liya Fathima
Bsc. Clinical Psychology

Neuro-Development Disorders (NDDs):

Attention-Deficit/Hyperactivity Disorder (ADHD):

ADHD is the chronic condition including attention difficulty, hyperactivity and impulsiveness. ADHD often begins in childhood and can persist into adulthood.

Autism Spectrum Disorder (ASD):

Autism spectrum disorder is a condition related to brain development that affects how people see others and socialize with them. This causes problems in communication and getting along with others socially.

- Ayisha Shajina
B.Sc. Clinical Psychology 25

Psychotic Disorders

Schizophrenia

Schizophrenia is a psychotic disorder characterized by disturbances in thought, perception, emotions, and behaviour. It is a chronic and severe mental disorder that affects how a person thinks, feels, and behaves.

-Rifath Fathima
B.Sc. Clinical Psychology 25

Eating Disorders

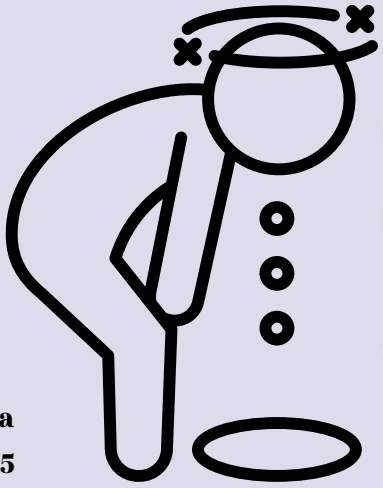
Anorexia Nervosa

Anorexia is more than skipping meals — it's an obsession with being skinny and self-control. People with anorexia restrict food and over-exercise to the point where their weight drops dangerously low.

Bulimia Nervosa

Bulimia is marked by episodes of overeating (binges) followed by desperate attempts to "undo" it through vomiting, laxatives, or extreme dieting. On the surface, people with bulimia may appear to have a "normal" weight, but the damage runs deep.

-Faiha Fathima
B.Sc. Clinical Psychology 25



GUESS THE MENTAL DISORDER:

Arun has trouble focusing in class — he daydreams, forgets instructions, and can't finish tasks unless something exciting is happening. His grades slip from incomplete homework, not laziness. What could he be suffering from?

Answer: ADHD

Phobia

Hey! Let's freak out for nothing!

- edited by Thafhima Fathima

A phobia is an irrational fear of something that poses little or no real danger, yet feels impossible to face. When logic takes a backseat, the brain throws tantrums—turning spiders, heights, clowns, or even small spaces into terrifying monsters.

Specific phobia

Fear of particular objects or situations (e.g., darkness, animals, water).

Social phobia

Fear of social situations like public speaking or meeting people.

Agoraphobia

Fear of public places or situations where escape feels difficult.

Strange or silly as they seem, phobias are part of what

makes us Human

- information sourced by Amen Zara

Pediophobia

The fear of dolls can cause real anxiety, just mild unease. Often dismissed as "just a doll," it deserves empathy and support, not ridicule. Phobias aren't weaknesses-they're challenges that can be overcome with understanding and help.

- Thafhima Fathima

Coulrophobia

Clowns may symbolize fun and laughter, but for some they trigger coulrophobia—a fear fueled by hidden emotions, unpredictable behavior, and scary media portrayals. Reactions range from tears and anxiety to avoidance, though therapies like gradual exposure can help. Whether clowns bring joy or dread, empathy matters most.

- Qudsiya Rizqa

Eisoptrophobia

Eisoptrophobia, the fear of mirrors, goes beyond simple dislike. For some, reflections bring a chilling sense of unfamiliarity, leading them to avoid mirrors altogether. Rooted in superstition, self-image issues, or unsettling experiences, this phobia can make ordinary spaces feel threatening. While therapy helps, many still see mirrors as portals to something darker.

- Sidha Sajeeb

Myths	Facts
Phoblas are just silly fears that people can get over easily.	Phobias are recognized mental health conditions that cause intense anxiety and distress. They are not simply "silly" or a matter of willpower.
Everyone with a phobia avoids all social situations.	Phobias can be very specific- like fear of spiders, heights, or fiving. Many people live normally outside of the specific trigger.
Phobias are rare and only affect a few people.	Millions of people worldwide experience phobias, making them one of the most common anxiety disorders.
Phobias can't be treated	Phobias are highly treatable with therapies

Exploring the strange side of psychology:

Rare Phobias you may not know

- Xanthophobia - fear of colour yellow
- Nomophobia - fear of being without a mobile phone
- Phobophobia - fear of having Phobias
- Euphobia - fear of recieving good news
- Koumpounophobia - fear of buttons
- Arachibutyrophobia - fear of peanut butter sticking to the roof of your mouth
- Ablutophobia - fear of bathing or cleaning
- Somniphobia - fear of falling asleep
- Geliophobia - fear of laughter
- Venustrap phobia - fear of beautiful women
- Heliophobia - fear of sunlight
- Chronophobia - fear of time passing
- Anatidaephobia - fear that somewhere, somehow a duck is watching you
- Optophobia - fear of opening one's eyes

- information sourced by Fathimath Afnan

Phobia

Brain Teasers

1. I am a fear and a suffix - add me to "arachno" and you'll know why people tremble . What short word am I?

2. I am the fear of tiny holes - some say seeing me in your breakfast makes your skin crawl. What is my name?

3. If you're afraid of heights you avoid me ; I am the tallest kind of road. What am I?

4. I am a word that when split becomes the name of a place you dream of and a fear of open spaces - what am I?

still stumped? No worries ! unscramble the jumbled words and answer the questions

1. HBPIOA
2. IAHOPBOPYTR
3. GBRDIE
4. AAOGRBOIAPH

SUICIDE PREVENTION:

RECOGNIZING THE SIGNS AND OFFERING HOPE

Suicide is death caused by injuring oneself with the intent to die. Suicide is among the top 3 causes of death among youth world wide. According to WHO, every year, almost 1 million people die from suicide and 20 times more people attempt suicide; a global mortality rate of 16 per 1,00,000 or one death every 40 seconds and one attempt every 3 seconds.

Suicidal ideation, or suicidal thoughts, is when you think about, consider or feel preoccupied with the idea of death and suicide. These thoughts may come and go or be extremely distracting.

WHAT TRIGGERS A SUICIDE?

There are various reasons for it and they can be:

- Stressful life events like Relationship Problems, Financial Difficulties, Academic
- Difficulties, Loss and Trauma.
- Mood and thought changes
- Alcohol and other drug use
- Mental disorders like Depression, Bipolar Disorder.
- Chronic pain and illness.

WHAT CAN YOU DO?

If you are concerned that someone is considering suicide, look for these potential warning signs :

- Talking about wanting to die, feeling hopeless, or being a burden to others.
- Giving away important possessions.
- Withdrawing from family and friends.
- Increased use of alcohol or drugs.
- Acting recklessly or displaying extreme mood swings.
- Putting their affairs in order, such as making a will..

edited by - Amrutha and Amina Saja

5 ACTION STEPS:

ASK : " Are you thinking about suicide ?" It's not an easy question to ask, but it can help start a conversation. Studies show that asking people if they are suicidal does not increase suicidal behavior or thoughts.

BE THERE : Listening without judgment is key to learning what the person is thinking and feeling. Research suggests acknowledging and talking about suicide may reduce suicidal thoughts.

HELP KEEP THEM SAFE : Reducing access to highly lethal items or places can help prevent suicide. Asking the person if they have a plan and making lethal means less available or less deadly can help the person stay safe when suicidal thoughts arise.

HELP THEM CONNECT : Connecting the person with the Emergency: 112 OR Suicide Hotline: 0824 2983444 and other community resources can give them a safety net when they need it. You can also help them reach out to a trusted family member, friend, spiritual advisor, or mental health professional.

FOLLOW UP : Staying in touch with the person after they have experienced a crisis or been discharged from care can make a difference. Studies show that supportive, ongoing contact can play an important role in suicide prevention.

DO :

- **Check in on your loved ones**
- **Reach out** to those who are going through a tough time have socially withdrawn
- **Listen empathetically**
- **Create a " safe space " where one** can talk openly
- **Help those who're suicidal find** meaning, purpose, and hope in their life
- **Continue to support and uplift others** (regardless of what day it is)

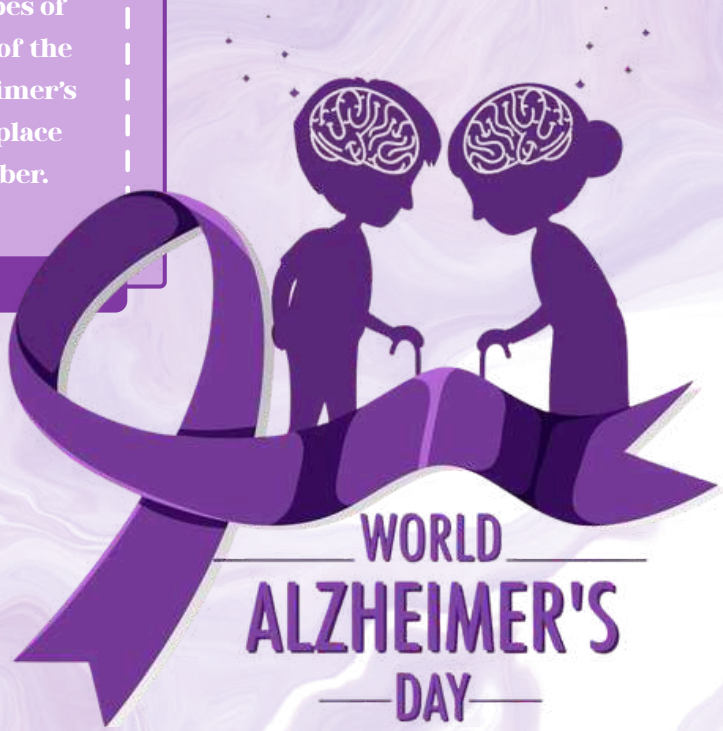
DON ' T :

- **Call those who are suicidal** " attention seeking "
- Make someone have to **prove** how much they're suffering
- **Criticize and shame them for** how they ' re handling things
- **Call them selfish/ make their** suffering about you
- Point out people who have it worse/ guilt trip them for being " ungrateful "
- **Minimize their suffering (e.g. " we** all get sad from time to time ")

Suicide is not the end of pain, but the transfer of it to the people left behind. Every life has value, and every struggle has hope. Together, through compassion, awareness, and support, we can prevent suicide and ensure that every life continues to shine with purpose.

edited by -Amrutha and Amina Saja

World Alzheimer's Day is observed as a global health awareness day to increase public understanding of Alzheimer's disease and other types of dementia. It is a part of the broader World Alzheimer's Month, which takes place throughout September. (alzra.org)



This year's theme: "Ask about Dementia. Ask about Alzheimer's"

#AskAboutDementia
#AskAboutAlzheimers

SEPTEMBER 21ST

Alzheimer's disease is the biological process that begins with the appearance of a buildup of proteins in the form of amyloid plaques and neurofibrillary tangles in the brain. This causes brain cells to die over time and the brain to shrink. (Mayoclinic.org)

Warning signs:

- Misplacing objects
- Getting lost
- Losing interest in things
- Struggling with words
- Poor decisions

Edited by Khadeeja Nuzhah

Instagram vs reality

OCD EDITION

The Trend

You've seen it, right? That friend who goes "Omg I cant see anything unorganised, I have OCD!

"Why aren't the shoes in a proper order? It's triggering my OCD."

"You're so organised, you must have OCD!"

Cute?Trendy? Relatable? Maybe. Realistic? Nope. If OCD really worked like that, half the population would already be diagnosed.

The Reality

Here's the thing

OCD is not about being clean or neat. Obsessive compulsive Disorder, and it's exactly that obsessions like unwanted, intrusive thoughts and compulsions are the repetitive actions done to calm the anxiety Think about this : a person washing their hands not once, not twice, but thirty times in fear of catching a disease. That's not "I love cleanliness." That's a battle between fear and control.

THE TAKEAWAY

SO NEXT TIME YOU HEAR "I'M SOOO OCD," PAUSE. REMEMBER THAT IT'S NOT ABOUT PERFECTLY ALIGNED SHOES. IT'S ABOUT REAL PEOPLE FIGHTING INTRUSIVE THOUGHTS AND CARRYING OUT EXTREME ACTIONS TO STOP THEM EVERY SINGLE DAY

~ Priyal Shetty

Inferiority Complex

Anytime I scroll through Instagram.,I see people with glowing skin, well defined abs, hourglass bodies and beautifully presented meals.Which all scream " *PERFECTION* " and this makes me wonder if i'm ever gonna fit into this norm.

Instagram

Here's the truth, most of these "perfect" pictures are filtered, edited, or taken after dozens of tries. Stuff like this transforms people's mindset from 'i love myself' to 'i wish I was as perfect'... We *LOVE* comparing ourselves to everything we see online! We compare our "normal" to their "best", which just makes us feel "less": less attractive, less successful, less happy, and much more.

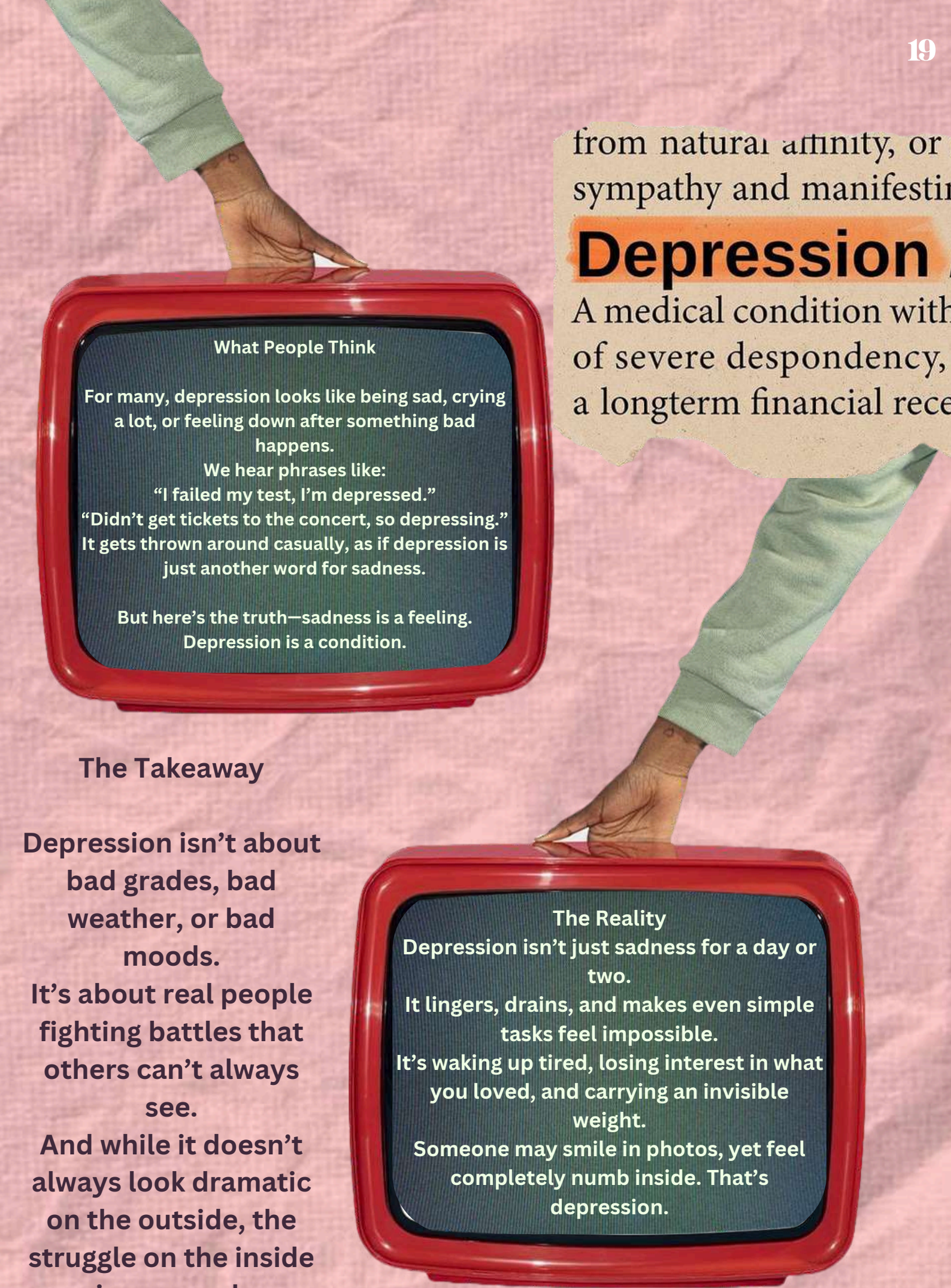
Instagram

But here's the reality;
Each one of us has flaws and insecurities. Nobody is flawless. We just need to start embracing our insecurities.
So the next time you start comparing yourself to someone from your FYP, just make sure you know that you were born to be real and not perfect.

Be You. Be Real.

P.S: More self-love please!

~ Lianna Rose Sequeira



What People Think

For many, depression looks like being sad, crying a lot, or feeling down after something bad happens.
We hear phrases like:
"I failed my test, I'm depressed."
"Didn't get tickets to the concert, so depressing."
It gets thrown around casually, as if depression is just another word for sadness.

But here's the truth—sadness is a feeling.
Depression is a condition.

The Reality

Depression isn't just sadness for a day or two.
It lingers, drains, and makes even simple tasks feel impossible.
It's waking up tired, losing interest in what you loved, and carrying an invisible weight.
Someone may smile in photos, yet feel completely numb inside. That's depression.

The Takeaway

Depression isn't about bad grades, bad weather, or bad moods.
It's about real people fighting battles that others can't always see.
And while it doesn't always look dramatic on the outside, the struggle on the inside is very real.

~ Priyal Shetty

Case Study

The Woman In Dark

" A tale of love, control, silence and the scars of human mind"

A locked door.
A foul stench.
A scream in the dark.

When French police stormed the Monnier mansion in 1901, they never expected what they'd find. Behind a sealed door lay a woman who was naked, starved, barely alive.

BLANCHE MONNIER

Once a radiant young woman, Blanche had fallen in love with a lawyer her powerful mother despised. The punishment? Twenty five years of captivity in a pitch black room.

But the darkness didn't just steal her body. It consumed her mind. Blanche was found with severe psychological problems like paranoia, confusion, and trauma so deep she could never return to normal life. Even after her rescue, she spent her final years in psychiatric care.

Why didn't she escape?
Psychologists point to learned helplessness after years of abuse, she stopped believing freedom was possible.
Why didn't anyone intervene?
Neighbors suspected, but stayed silent a chilling case of the bystander effect.

Blanche's tragedy is not only a story of cruelty. It's a lesson about the devastating psychological scars of isolation and abuse. She died in 1913, a reminder that sometimes the darkest prisons are not made of iron bars, but of silence, control, and fear.

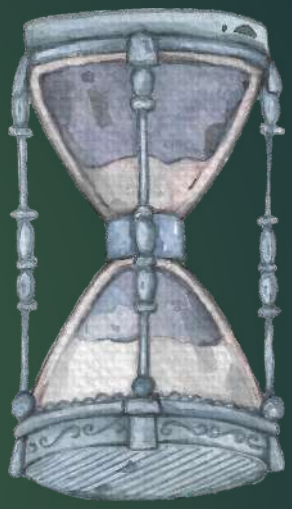
Sometimes the deepest wounds are invisible carved not into the body but into the mind

~ Trisha Prakash Anchan
Bsc CP 25

Why ChatGPT Should Not Be Used As a Therapist

~Shravya R Uchil

In an era where technology seems to solve nearly every problem, the idea of using ChatGPT or similar AI models as therapists may sound convenient, but it's far from advisable. While these AI systems are impressive in generating text-based responses, they are fundamentally incapable of providing the empathy, ethical understanding, and human intuition essential in mental health care. Professional therapists undergo rigorous training to understand the complexity of human emotions, individual histories, and psychological needs, which no machine can replicate.

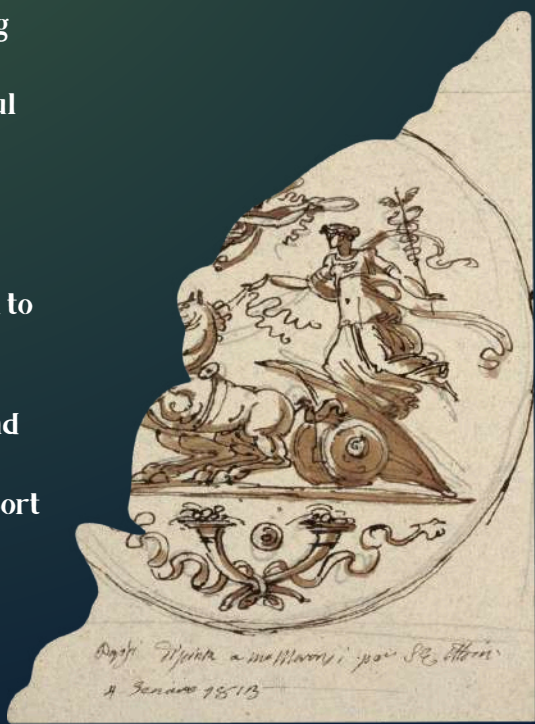


One of the major concerns is privacy. Mental health discussions involve highly sensitive personal information. Using an AI platform raises serious questions about data security. Unlike licensed therapists bound by confidentiality agreements and professional ethics, there's no clear regulation on how personal data is handled when using ChatGPT. This leaves users vulnerable to data misuse, breaches, or unintentional sharing of private information.

Moreover, relying on ChatGPT for therapy undermines the importance of the human connection that forms the foundation of effective psychological support. The nuanced communication between a therapist and patient, reading body language, adjusting tone, understanding hesitation or fear, cannot be translated into algorithmic responses. This risks offering generic or even harmful advice.

On top of these ethical and privacy concerns lies a significant environmental issue. Recent estimates suggest that ChatGPT consumes around 39.98 million kWh of electricity per day, enough to charge eight million phones or power small countries.

In mental health care, shortcuts are dangerous. Empathy, trust, and personalized understanding are not commodities that can be automated. Instead of replacing therapists, technology should support them and never substitute them.

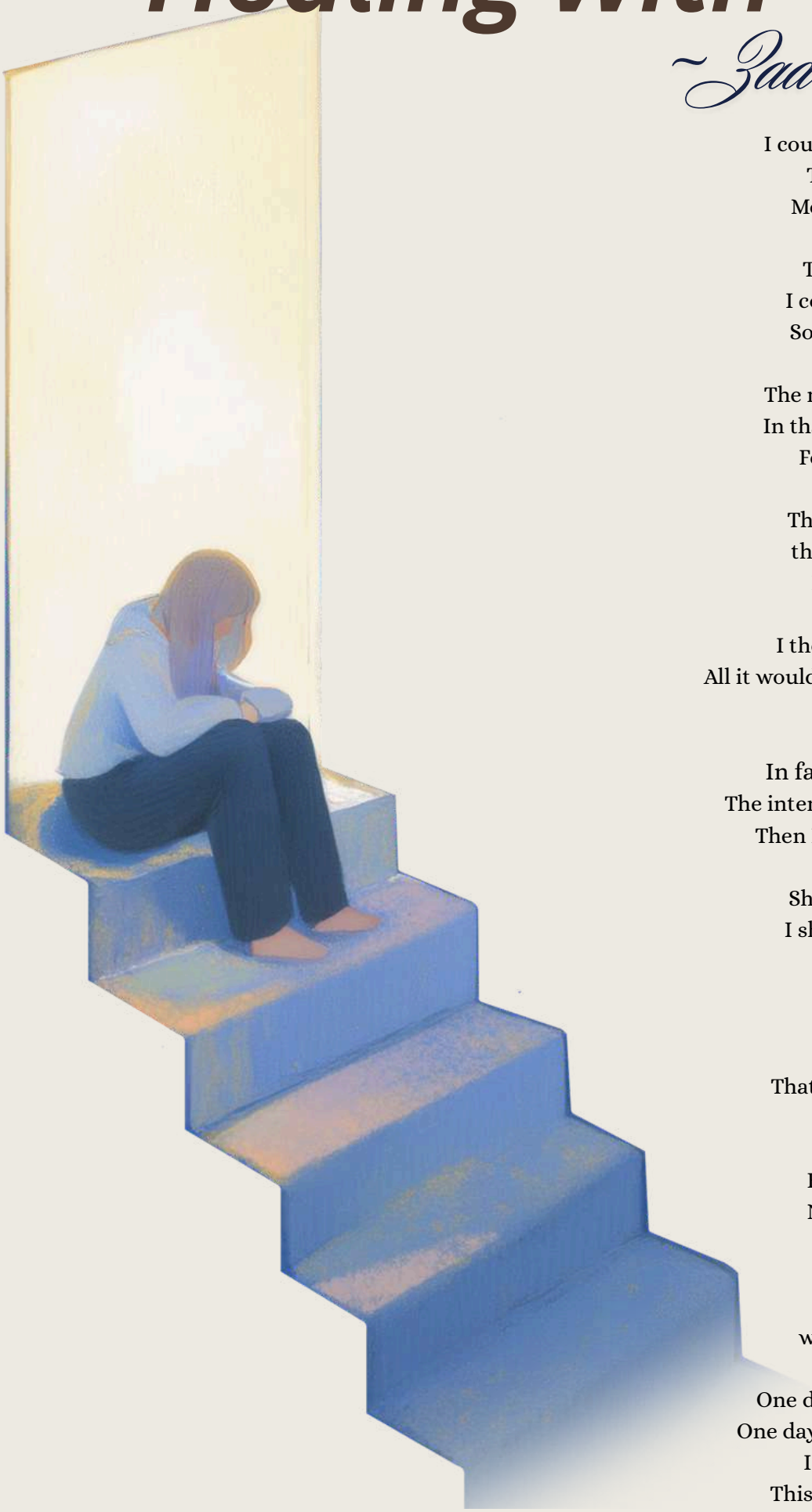


Creative CORNER

Poems

Healing With Time

~Zaarah Amjath



I couldn't face the unbearable pain
To myself, I often felt hate
Most nights it kept me awake

The pain burned me inside
I couldn't hide or push it aside
So I used my knife that night.

The rosy drops fell one, two, three.
In that moment I sensed I was free
For that feeling, I felt greed.

The physical pain was to hide,
the stronger one in my mind.
It gave me a certain high.

I thought I should just end it all,
All it would take is a leap from somewhere tall,
Just a tiny little fall.

In fabric I hid the 'visible' scars,
The internal ones were hidden in the dark.
Then I thought, "Am I going too far"?

Should I give life another try?
I should at least put up a fight.
What good is it if I die?

So now I try to heal,
I don't feel.
That which I can't handle, I leave.

Am I truly alright? No.
But I am not as miserable.
Now, I begin to have hope.

I now grow as a person,
I fix my own messes,
while learning life's lessons.

One day I will be completely alright.
One day I will leave these issues behind.
I have to wait and sit tight.
This kind of pain heals with time.

Tears for Beauty

-Aaliya Rawan

The only time
I find myself pretty ,
Is when I cry..
Maybe that's why I
Cry and cry...
I feel sorry For being
a miserable wreck..
I feel stupid thinking
I'm ugly every sec..
I don't feel pretty
While receiving pity..
That's why I weep
And look into the vanity..
My lashes glisten
My lips seem glossy..
Even my messy hair ,
Has its intimate aura..
My cheeks are damp ,
But at least I feel pretty.?
Maybe the sad vibe
Just suits me..
Maybe the tears
Soothe me..
Maybe I'm meant to
Be pretty
Only when I cry..
Or maybe I'm
Meant to cry..
Just To be pretty.?
" I actually don't care " ,
Is how I lie to
Myself everyday..
" But I care the most.."
Is that what
You say.?

~~PRETTY

-Aaliya Rawan

Sure I might be pretty-
But I'd never be " pretty " pretty
Not the aesthetic irl pretty
But maybe the
Once in a while , filtered selfie
pretty
But that's alright
At least the online viewers
Might consider me " pretty " pretty
But they'd be disappointed
If they saw me In person
And found out i'm not that
" Pretty " pretty but just
Plain pretty-

Silent Farewell

~Trisha Prakash Anchan

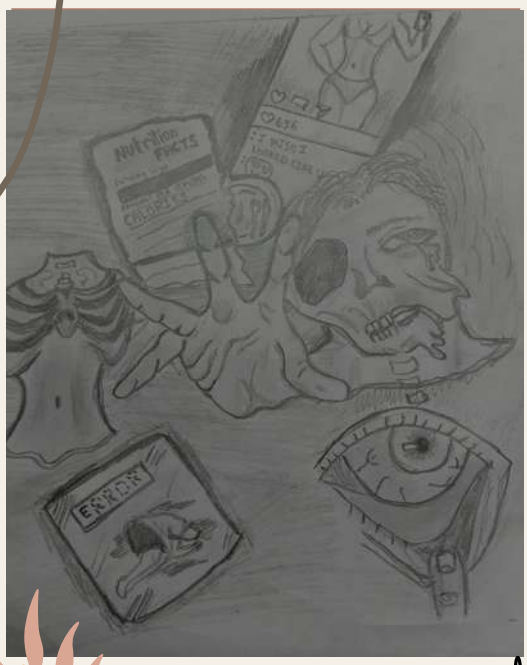
I wish someone would have
hugged me
While I took my last breath
Before mourning and questioning
my death
I wish someone would have told
me its alright
Before I surrendered to the night
Not all could see my pain
Through the smile I always gave
I excelled everything
But lost the war with life
I wish you could see the tear
rolling down my eyes
While I gave you my last hug
Parting goodbyes
For you to go home
And
mine to another life

I Want More

—Shravya R Uchil

I am full yet starving,
I remain seated at the corner of the table,
Others laugh and chuckle,
A joke l am not a part of, Or perhaps I am the joke,
I grip the rim of my plate,
A single slice of plain bread, While others have a feast, I want more,
I struggle to swallow my inability to speak, I open my mouth but no words can be pried out,
Why must I beg to be noticed?
Why must I be so greedy?
There are those with no food at all,
Yet here I am,
My stomach gnawing at me to ask for more, What is more when I have nothing,
Yet I want more.

Sketches



Akshitha

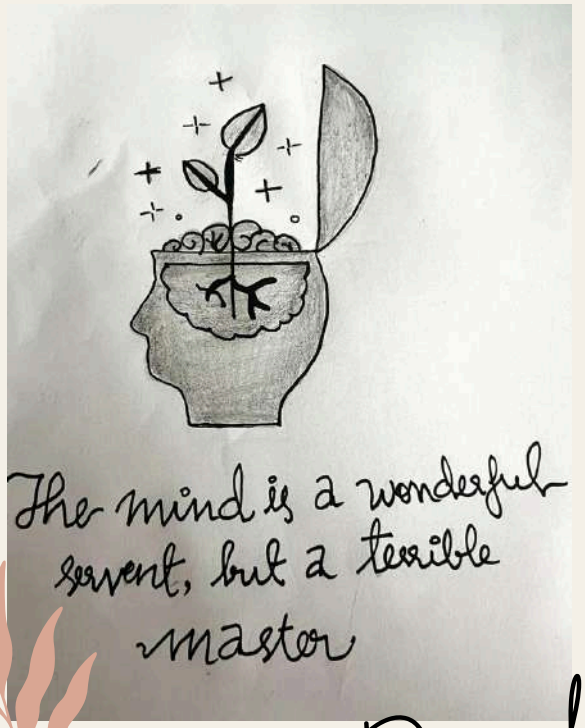
Husna

Samika

Emima

Anvitha

Husna



Darshana

Nuzhah

Highlights

Seminar on "Demystifying OCD in Children" by Dr.Avinash G Kamath(Child and adolescent Psychiatrist,KMC hospital,Mangalore) organised by Department of Clinical Psychology in association with PG psychology forum-Psynergy of ST.Agnes College(autonomous) Centre for Post Graduate Studies and Research on 18th September 2025.

YENEPOYA
School of Allied
Health Sciences

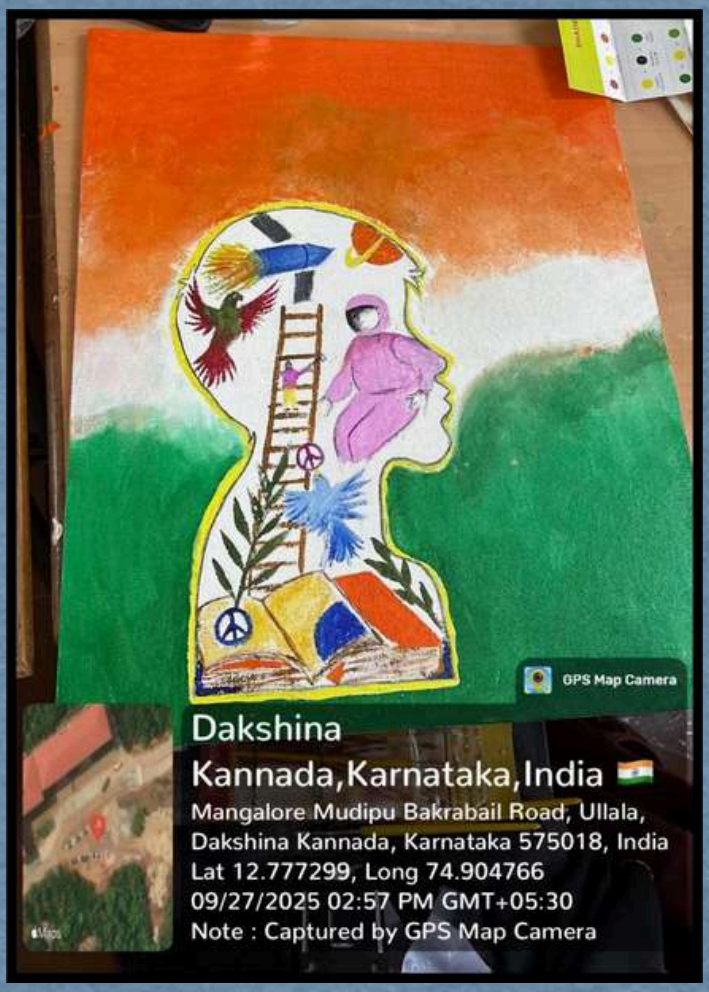
Congratulations

The Yenepoya School of Allied Health Sciences has emerged as the **Overall Champion at Expressions 2025,** the **National Level Inter-Collegiate Fest** organized by the **School of Social Work, Roshni Nilaya,** on 17th September 2025.

Among participants from 32 colleges, our students excelled in **all eight competitions,** securing **First Place** in **Cooking without Fire** and the **Fashion Show,** and showcasing exceptional talent, teamwork, and determination across every event.

ysahs_offical

September 17, 2025



A Painting Workshop was organized at Yenepoya (Deemed to be University) on 27th September 2025 in the Kinya campus. This program is one among the 75 prominent events being held across India on the theme "Viksit Bharat". This event is part of the Seva Parv 2025 celebrations, an initiative of the Ministry of Culture, Government of India.


GPS Map Camera
Dakshina
Kannada,Karnataka,India
Mangalore Mudipu Bakrabail Road, Ullala,
Dakshina Kannada, Karnataka 575018, India
Lat 12.777436, Long 74.904636
09/27/2025 02:57 PM GMT+05:30
Note : Captured by GPS Map Camera


GPS Map Camera
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Kannada,Kerala,India
Mangalore Mudipu Bakrabail Road, Ullala,
Dakshina Kannada, Kerala 575018, India
Lat 12.771487, Long 74.904289
09/27/2025 02:56 PM GMT+05:30
Note : Captured by GPS Map Camera

District-Level One-Day Disaster Management Training

Organized byYouthRedCross, Yenepoya (Deemed tobeUniversity)
In collaboration with NDRF India, District Disaster Management Authority & Regional Response Centre, Bengaluru

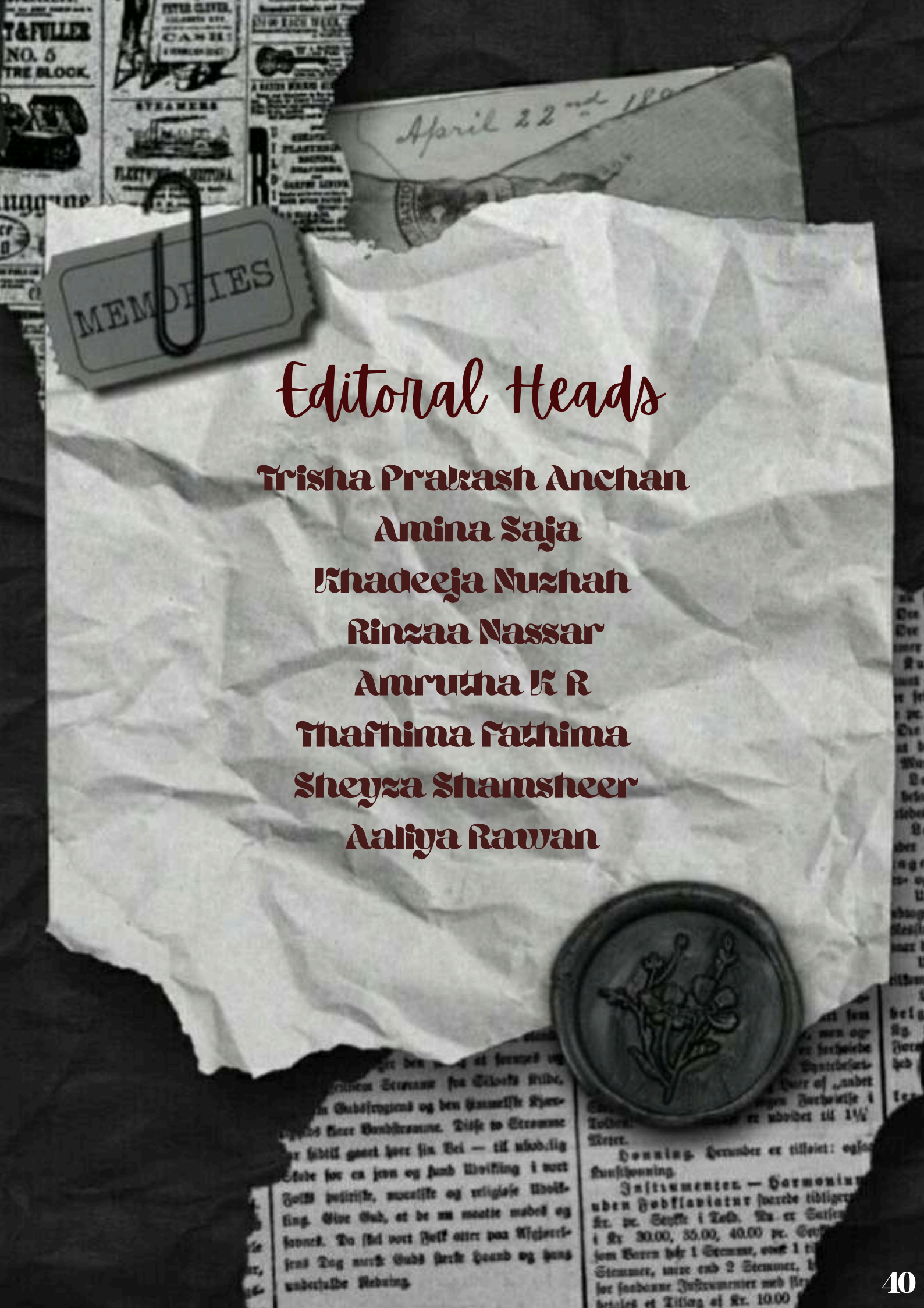
Being apart of the National Service Scheme (NSS)– Youth Red Cross Disaster Management Training Program at Yenepoya University on the 3rd of September was a very meaningful and valuable experience, as it was our first real exposure to such activities and gave us a clear understanding of how important preparedness is during emergencies. As psychology students, We were especially interested in how organizations like the Red Cross and the National Disaster Response Force (NDRF) work with dedication and empathy to help people in times of crisis. The sessions began with an introduction to disasters, their causes, and important terms like hazard, risk, vulnerability, and capacity, followed by discussions on different types of disasters such as earthquakes, floods, cyclones, droughts, tsunamis, industrial accidents, and wildfires. The NDRF team shared their experiences, showed pictures and videos of their missions, and demonstrated the tools and machines they use during rescue operations, which we all found inspiring. Practical training included CPR, first aid for heart attacks, fractures, choking, and injuries to the head, hand, or leg, as well as how to prepare stretchers using simple household items. A highlight was watching a rescue dog in action and understanding how teams operate during major disasters, including recent ones in 2025 and the incident in Wayanad, which showed how unpredictable such situations can be. While some sessions were in Hindi and slightly difficult to follow, the practical demonstrations made learning easy and engaging. What stood out most to us was not just the technical knowledge, but also the sense of responsibility, teamwork, and empathy that guide such services. Overall, the training increased our awareness, boosted our confidence to face real-life emergencies, and inspired us to contribute more to society with both knowledge and preparedness.

By Hyfa Saleem, Aysha Neha, Benita Agnes Reji, Alisha John, Sanusha D.B, Gopika P.V


Bengaluru


DAY DISASTER MANAGEMENT TRAINING


DISTRICT
ONE DAY DISASTER



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