

**INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES (IHBAS)**

Dilshad Garden, Delhi 110 095 India

*Hospital based autonomous academic Institute, under  
Government of National Capital Territory of Delhi, dealing with  
"Brain – Mind Problems & their Solutions"*

E-mail: [aracad@ihbas.org](mailto:aracad@ihbas.org) ; website: <https://ihbas.delhi.gov.in>

Ref: F4/PMHN/IHBAS/2024/ 29

Date: 5/6/2024

**ADMISSION NOTICE**

Applications are invited in the prescribed form for admission to the  
MSc Psychiatric (Mental Health) Nursing Course (Two Years) & Post Basic Diploma in  
Psychiatric Nursing (one year) for the academic year 2024-25

Name of the Course	No of Seats					Total Seats
	UR	SC	ST	OBC	EWS	
MSc Psychiatric (Mental Health) Nursing	5	1	-	2	-	8
Post Basic Diploma in Psychiatric Nursing	10	3	1	5	1	20

**Eligibility:**

- MSc Psychiatric (Mental Health) Nursing:** Be a Registered Nurse (Registered Nurse & Registered Midwife) or equivalent and possessing a minimum of one year experience after Graduation (B.Sc. Nursing/ Post Basic B.Sc. Nursing)
- Post Basic Diploma in Psychiatric Nursing:** Be a Registered Nurse (Registered Nurse & Registered Midwife) or equivalent and possessing a minimum of one year experience after GNM/ B.Sc. Nursing/ Post Basic B.Sc. Nursing

Last Date of Application: 30/06/2024  
Date of Entrance Examination: 07/07/2024  
Declaration of Result: 12/07/2024  
Commencement of Course-MSc Psychiatric (Mental Health) Nursing: 15/07/2024  
Commencement of Course-Post Basic Diploma in Psychiatric Nursing: 01/08/2024

**Note:**

The entrance examination will be held at New Delhi ONLY  
For OBC Quota, the OBC (NCL) certificate must be issued by Government of NCT of Delhi ONLY  
PwD reservation as per GOI rules

The detailed admission notice and application proforma can be downloaded from  
<https://ihbas.delhi.gov.in>

Deputy Registrar(Academics),IHBAS

*Signature*  
DR. SATISH KUMAR  
Additional Registrar  
Deptt. of Psychiatric & Social Work  
IHBAS, Delhi-110095



# Institute of Human Behavior & Allied Sciences (IHBAS)

(Hospital based autonomous academic Institute under Govt. of NCT of Delhi)

Dilshad Garden, Delhi 110095, Tel: 011-22583058; 011-22114021

Ref:F03/DRACAD/IHBAS/2024/

Date:

## ADMISSION NOTIFICATION

### M. Sc. Psychiatric (Mental Health) Nursing & Post Basic Diploma in Psychiatric Nursing (DPN) Session: 2024 (Affiliated to University of Delhi and recognized by DNC & INC)

Deputy Registrar (Academics), on behalf of admission committee, IHBAS, invites applications on prescribed application form available on the website ([www.ihbas.delhi.gov.in](http://www.ihbas.delhi.gov.in)) for admission to M. Sc. Psychiatric (Mental Health) Nursing & Post Basic Diploma in Psychiatric Nursing (DPN) course for the session 2024 at College of Nursing, Institute of Human Behavior & Allied Sciences (IHBAS), Delhi.

#### Number of Seats:

Name of the Course	No of Seats					Total Seats
	UR	SC	ST	OBC	EWS	
MSc Psychiatric (Mental Health) Nursing	5	1	-	2	-	8
Post Basic Diploma in Psychiatric Nursing	10	3	1	5	1	20

\*Reservation to PwD category will be applicable as per Govt. norms.

#### Eligibility:

- MSc Psychiatric (Mental Health) Nursing:** Be a Registered Nurse (Registered Nurse & Registered Midwife) or equivalent and possessing a minimum of one year experience after Graduation (B.Sc. Nursing/ Post Basic B.Sc. Nursing). Cutoff date of experience is last date for submission of application form.
- Post Basic Diploma in Psychiatric Nursing:** Be a Registered Nurse (Registered Nurse & Registered Midwife) or equivalent and possessing a minimum of one year experience after GNM/ B.Sc. Nursing/ Post Basic B.Sc. Nursing. Cutoff date of experience is last date for submission of application form.

#### Application Fee:

- M. Sc. Psychiatric (Mental Health) Nursing: Rs.2000/- (UR/OBC/EWS) and Rs.1000/- (ST/SC)
- Post Basic Diploma in Psychiatric Nursing: Rs.500/- (UR/OBC/EWS) and Rs.250/- (ST/SC)

The fee is to be deposited in the following account. The application fee is non-refundable/non-adjustable.

**Account Holder Name: Director, IHBAS**

**Bank Name: State Bank of India**

**Account No: 10172504586**

**IFSC Code: SBIN0009370**

#### Submission of Application:

Printout/hardcopy of filled duly signed application proforma along with self attested copies of required documents and receipt of Net Banking/Online Banking payment to be submitted to office of "The Deputy Registrar (Academics), Room no 114, First Floor, Academic Block, Institute of Human Behaviour & Allied Sciences (IHBAS), Dilshad Garden, Delhi-110095." by 30<sup>th</sup> June 2024 before 4.00pm by hand or by post. Applications sent through email will not be accepted.

**Stipend:** To the selected eligible candidates for MSc Nursing @ Rs.15000/- pm & for DPN @ Rs.2000/- per month.

#### Important Dates:

Important Dates	M.Sc. Nursing	DPN
Date of availability of application forms	05/06/2024	05/06/2024
Last date for receipt of applications	30/06/2024	30/06/2024
Display of provisionally eligible candidates	05/07/2024	05/07/2024
Date of Entrance test	07/07/2024	07/07/2024
Declaration of Result	12/07/2024	12/07/2024
Date of admission process completion	13 <sup>th</sup> Jul to 14 <sup>th</sup> Jul 2024	29 <sup>th</sup> Jul to 31 <sup>st</sup> Jul 2024
Date of commencement of session	As per DU Academic Calendar (Tentatively: 15 <sup>th</sup> Jul 2024)	As per DNC Academic Calendar (Tentatively: 1 <sup>st</sup> August 2024)

Deputy Registrar (Academics), IHBAS  
DR. SATABDI CHAKRABORTY  
Additional Professor  
Deptt. of Psychiatric Social Work  
IHBAS, Delhi-110095

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Tel: 011-22112136; E-mail: aracad@ihbas.org; website: <https://ihbas.delhi.gov.in>

## Application form

### For admission in M. Sc Psychiatric (Mental Health) Nursing

1. Name of the candidate:.....
2. Son/Daughter/Wife of:.....
3. Date of Birth (DD/MM/YYYY).....
4. Gender: Male / Female.....
5. Nationality:.....
6. Category: General / EWS / OBC / SC / ST.....
7. Are you belonging to PwD category: Yes / No
8. Address for Communication.....  
.....  
.....

Affix your passport  
Size Photograph  
(Self attested  
photograph)

9. Permanent Address.....  
.....  
.....
10. Contact number (mobile).....
11. Email ID.....
12. RN and RM Number:.....
13. RN and RM Valid upto: .....Name of Nursing Council: .....
14. Educational Qualification: (attach documents)

Course	School/College	Board/University	Month & Year of passing	Aggregate %
10th				
12 <sup>th</sup>				
GNM				
B.Sc/P.B.B.Sc in Nursing				
Any other:.....				

### 15. Work Experience (Attach documents)

Designation	Organization/Institute	From	To	Duration

### 16. Fees Details:

Transaction ID/ UPI Reference no.: \_\_\_\_\_

Date of transaction: \_\_\_\_\_ Amount in Rs. : \_\_\_\_\_

### DECLARATION BY THE CANDIDATE

I \_\_\_\_\_ S/O, D/O, W/o \_\_\_\_\_ do hereby declare that the information furnished above is true, complete, and correct to the best of my knowledge and belief. If any information is incorrect or false, disciplinary action can be taken against me

Date:

Signature of the Applicant

Place:

Kindly attach following documents:

1. Original application form with admit card
2. Date of birth certificate/ 10th class certificate
3. Category certificate (if any) and Non creamy layer for OBC
4. Marksheet of (10<sup>th</sup>, 12<sup>th</sup>, GNM/ B Sc nursing/ Post basic B Sc nursing, any other qualification)
5. Certificates (GNM diploma certificate, B Sc Nursing Degree/ PB B Sc nursing degree)
6. RN and RM certificate
7. Experience certificate
8. Receipt of payment
9. Any other

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## ADMIT CARD

### **M. Sc Psychiatric (Mental Health) Nursing**

(To be filled by the candidate except S.no 1)

1. Admit card no. (to be filled by the IHBAS):
2. Name of the Candidate:
3. Son/Daughter/ Wife of:
4. Date of Birth (DD/MM/YYYY):
5. Gender: Male/Female

Affix your passport  
Size Photograph  
(Self attested  
photograph)

(To be filled during examination)

Examination Centre	Date	Time	Candidate's Sign	Invigilator's sign

### **General Instruction to the Candidates:**

1. Examination will commence at 11am.
2. Candidate has to report at examination venue at 9am.
3. No candidate will be allowed to enter the examination hall after 11.00 AM.
4. Candidates should bring valid original Identity proof (Aadhar card, Voter ID, Driving License) at the time of examination.
5. Carrying of mobile phones, wallets, watch and other electronic devices are strictly prohibited inside examination hall.
6. No candidate will be allowed to leave the examination hall till the examination formalities are completed.
7. Candidates must carefully read the “Instructions for the candidate” given on the questionpaper.

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## Application form

### For admission in Post Basic Diploma in Psychiatric Nursing

1. Name of the candidate:.....
2. Son/Daughter/Wife of:.....
3. Date of Birth (DD/MM/YYYY).....
4. Gender: Male / Female.....
5. Nationality:.....
6. Category: General / EWS / OBC / SC / ST.....
7. Are you belonging to PwDcategory: Yes / No
8. Address for Communication.....  
.....  
.....
9. Permanent Address.....  
.....  
.....
10. Contact number (mobile).....
11. Email ID.....
12. RN and RM Number:.....
13. RN and RM Valid upto: .....Name of Nursing Council: .....
14. Educational Qualification: (attach documents)

Affix your passport  
Size Photograph  
(Self attested  
photograph)

Course	School/College	Board/University	Month & Year of passing	Aggregate %
10th				
12 <sup>th</sup>				
GNM				
B.Sc/P.B.B.Sc in Nursing				
Any other:.....				

**15. Work Experience (Attach documents)**

Designation	Organization/Institute	From	To	Duration

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Transaction ID/ UPI Reference no.: \_\_\_\_\_

Date of transaction: \_\_\_\_\_ Amount in Rs. : \_\_\_\_\_

**DECLARATION BY THE CANDIDATE**

I \_\_\_\_\_ S/O, D/O, W/o \_\_\_\_\_ do hereby declare that the information furnished above is true, complete, and correct to the best of my knowledge and belief. If any information is incorrect or false, disciplinary action can be taken against me

Date:

Signature of the Applicant

Place:

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## ADMIT CARD

### **Post Basic Diploma in Psychiatric Nursing**

(To be filled by the candidate except S.no 1)

1. Admit card no. (to be filled by the IHBAS):
2. Name of the Candidate:
3. Son/Daughter/ Wife of:
4. Date of Birth (DD/MM/YYYY):
5. Gender: Male/Female

Affix your passport  
Size Photograph  
(Self attested  
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