



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”
website: ihbas.delhi.gov.in*

=====
F2/PMHN/IHBAS/INT/2024/Ext.Tng/ 168

Date: 10.05.2024

NOTICE

Subject: Invitation of Applications for Clinical Posting/Training in Psychiatric Nursing

As per its mandate, IHBAS has been providing internship/observership/training in psychiatric nursing to Nursing Students of GNM/B.Sc./Post Basic B.Sc. and M.Sc. Nursing from Nursing Colleges/Institutions for the last many years. Keeping in view of the comfort and convenience of inpatients of the Hospital, the average intake of students has been limited to 60-70 students per month.

Nursing Colleges situated in Delhi and are run by either Government or nonprofit/public charitable organizations may apply on the prescribed Performa through email to aracad@ihbas.org latest by 10th June 2024.

Satabdi Chakraborty
Dr. Satabdi Chakraborty
Deputy Registrar (Academics)
IHBAS, Delhi

Dr. C. B. TRIPATHI
Dr. C. B. TRIPATHI
Officer Incharge (IT Cell)
IHBAS, Delhi-110095

*Pl. upload on
the website
S. Tripathi
10/05/2024
Programmer*

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"



Tel: 22112136; Fax: 22599227; E-mail: aracad@ihbas.org director@ihbas.org; directoroffice@ihbas.org ; website: ihbas.delhi.gov.in

===== Annexure-A =====

PROFORMA

1. Name of the Institute: _____
2. Address: _____

3. Telephone/ Mobile No: _____
4. Email Address: _____
5. Type of Institute: Government/ Non Government: Charitable trust/ any other
6. Reference number of State Nursing Council: _____
7. Reference number of Indian Nursing Council: _____
8. Details of student: fill the following information:

Sl. No	Students Category	No. of Total Students	No. of Female students	No of Male students	Preferred month for training (mention two three options)
1.	GNM				
2.	B. Sc Nursing				
3.	P.B.B. Sc Nursing				
4.	M.Sc. Nursing				

9. Name of the training coordinator: _____
10. Contact Details of the training coordinator: _____
(Contact number & Email ID) _____
11. Name of teachers who will supervise _____
the students during training period _____
with contact number _____
12. Name of the Principal/ Director: _____
(Contact number & Email ID) _____

Signature of the Principal/ Director of College / Institute
(with stamp)