# INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES (IHBAS)

spital based autonomous academic Institute, under Government of National Capital Territory of Delhi dealing with "Brain- Mind Problems & Their Solutions"

Dilshad Garden, Delhi 110 095 (India)



Tel.: 22597750 , E-mail: <u>idaihbas@gmail.com</u> Website: <u>www.ihbas.delhigovt.nic.in</u>
No. F.10/58/DSACS/2005/HoD (Psy)/III/IHBAS/9403 Dated: 2016 Deptember, 2023

## RECRUITMENT NOTICE

Subject:- Interviews for filling up 2 posts of Psychology Counsellor for Delhi State Aids Control Society (DSACS) projects at IHBAS for 5 and 6 month purely on contractual basis

## **Project names**

- (a) Understanding enablers and barriers in OST delivery at Public Health facilities and community center (for 6 months duration); and
- (b) Factors influencing access to offline services of Targeted interventions amongst virtually active MSM in Delhi (for 5 months duration)

## **Principal Investigator**

Dr Mahadev Singh Sen, Assistant Professor, Department of Psychiatry, IHBAS, Delhi

| Name of the post          | No. of vacancy | Eligibility criteria   | Age     | Consolidated emoluments per month  |  |
|---------------------------|----------------|--|---------|--|--|
| Psychology<br>Counsellor* | <u>02</u>      | Graduate degree in Psychology/Social Work/Sociology/Anthropology/Human Development  OR  Diploma in Nursing with minimum 3 years of experience in HIV/AIDS  OR  In case of those recruited from community of people infected with or affected by HIV/AIDS,  (i) Graduate in any field or Diploma in Nursing; and  (ii) minimum 1 year of experience in HIV/AIDS | Notice. | Rs.22,744/- with TA (As per NACO norms) and subject to Minimum Wages Act 1948) |  |

\*This position involves collection of data in the project also includes field visits in Delhi.

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Interested and eligible candidates possessing the requisite qualification & experience from recognized university may apply in prescribed format (Annexure-I), photograph along with self attested copies of educational qualification/s, date of birth and experience certificate/s.

2. The application duly filled in the prescribed format with attested copies of required documents must reach the office of the Head of the Department, Psychiatry, IHBAS, Dilshad Garden, Delhi 110095 or at email id: hodpsy.ihbas@gmail.com within 15 days from the date of Recruitment Notice.

## **General Instructions to the Candidates:**

- a) Prescribed application forms complete in all respects along with Photograph, attested copies of Educational Qualification, Experience Certificates for the Post of Research Intern in DSACS funded Research Projects at IHBAS purely on contractual basis must reach the office of the Head of the Department, Psychiatry, IHBAS, Dilshad Garden, Delhi 110095 or at email id: <a href="mailto:hodpsy.ihbas@gmail.com">hodpsy.ihbas@gmail.com</a> within 15 days from the date of Recruitment Notice.
- b) In case of large number of candidates, they may have to go through Theory Test in multiple stages.
- c) No TA/DA will be allowed for appearing in the Skill Test.
- d) This engagement is purely on contract basis for a period of 06 months. Candidates will not be entitled to other facilities as admissible to regular incumbent and also not be entitled for regularization in service in any case.
- e) The Institute reserves the right to increase/decrease, fill or not fill any/all the vacancy or cancel the advertisement for any of the above mentioned post(s) without assigning any reason.
- f) The cut off date for determining the eligibility and age of 30 years will be on the last date of receipt of application.
- g) Upper age limit is relaxable for SC/ST/OBC/PWD candidates as per rules.

h) While coming for the Walk-in-interviews, candidates should bring all the original documents for verification.

(Dr V.K.S. Gautam) Offg. Joint Director (Admn)

20.9.23

#### Copy to:

- 1. OIC (IT), IHBAS with a request to upload this Recruitment Notice and application format on the website of IHBAS.
- 2. Notice Board.

Joint Director (Administration)

Dr. MANADER SINGH SEN (C. M. 8719)

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Annexure-I

|                            |   |                      | Application form                                    |   |                           |  |  |  |  |
|----------------------------|---|----------------------|---|---|---------------------------|--|--|--|--|
| 1.<br>2.<br>3.<br>4.<br>5. | Post applied for: Name (BLOCK I Father's/Husbar Whether belong Date of Birth: | F                    | Paste<br>Photo<br>here                              |   |                           |  |  |  |  |
| 6.                         | Tel No:   |                      |   |   |                           |  |  |  |  |
| 7.                         | Correspondence  | e Address:           |   |   |                           |  |  |  |  |
| 8.                         | Educational Qualification (Degree onward)                                     |                      |   |   |                           |  |  |  |  |
|                            | Qualification   | Subject              | University  | Marks%                                    | Attempt                   |  |  |  |  |
|                            |   |                      |   |   |                           |  |  |  |  |
|                            |   |                      |   |   |                           |  |  |  |  |
| 9.                         | Experience  |                      |   |   |                           |  |  |  |  |
|                            | Position  | Duration             | Place   | Total Ex months)                          | Total Experience (months) |  |  |  |  |
|                            |   |                      |   |   |                           |  |  |  |  |
|                            |   |                      |   |   |                           |  |  |  |  |
| 10.                        | Extra-curricula   | r activities, If any | <i>/</i> :  |   |                           |  |  |  |  |
| Un                         | dertaking: "I certif  | y that the partic    | ulars given above are o<br>my application is liable | correct in all respect for reject summery | ts. In the                |  |  |  |  |
| Da                         |   | tion lound laise,    | my application to made                              |   |                           |  |  |  |  |
|                            | ce:   |                      |   |   |                           |  |  |  |  |
|                            |   |                      |   |   | (Sign)                    |  |  |  |  |

Name: