INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES (IHBAS)

Hospital based autonomous academic Institute under Govt. of NCT of Delhi dealing with
"Brain-Mind Problem & their Solutions"

Phone: 91-11-22114021/29/32 (Ext. 297); Fax: 91-11-22583589, E-Mail ID: aracad-ihbas@delhi.gov.inWebsite : ihbas.delhi.gov.in

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

Date: 14/5/2026

NOTICE

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

As per its mandate, IHBAS has been providing clinical posting/training in psychiatric nursing to nursing Students of GNM/B.Sc./Post Basic and M.Sc. Nursing from Nursing College/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 college situated in Delhi and are run by either Government or non-profit/public charitable organizations may apply on the prescribed Performa and submit the hard copy to the office of director, IHBAS latest by 15th June 2026.

Satabdi 14/5/26

Dr. Satabdi Chakraborty
Deputy Registrar (Academics)

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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: ihbas.acad@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)