



INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES (IHBAS)

Dilshad Garden, Delhi-110095, India

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

Email: aracad@ihbas.org, Website: <https://ihbas.delhi.gov.in>

Ref: F4/02/PMHN/IHBAS/2025/

Date:

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 2025-26

Name of the Course	No. of Seats					
	UR	SC	ST	OBC	EWS	Total Seats
MSc Psychiatric (Mental Health) Nursing	3	1	1	2	1	8*
Post Basic Diploma in Psychiatric Nursing	8	3	1	6	2	20*

Eligibility:

- MSc Psychiatric (Mental Health) Nursing:** Be a Registered Nurse (Registered Nurse & Registered Midwife) or equivalent with minimum 55% marks and possessing a minimum of one year experience after Graduation (B.Sc. Nursing/ PB B.Sc. Nursing) and SNRC registration.
- 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/ PB B.Sc. Nursing and SNRC registration.

<p>Last Date of Application: 30.05.2025 Date of Entrance Examination: First week of July 2025 Declaration of Result: One week after exam Commencement of Course-MSc Psychiatric (Mental Health) Nursing: 01.08.2025 Commencement of Course-Post Basic Diploma in Psychiatric Nursing: 01.08.2025</p>	<p>Note: The entrance examination will be held at New Delhi ONLY</p> <p>*PWD reservation as per GOI rules.</p>
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The detailed admission notice and application proforma can be downloaded from <https://ihbas.delhi.gov.in>

Deputy Registrar (Academics)

IHBAS

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Application form

For admission in M. Sc Psychiatric (Mental Health) Nursing (Session 2025)

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.....
.....
.....
9. Permanent Address.....
.....
.....
10. Contact number (mobile):.....
11. Email ID:.....
12. RN & RM Number:..... Date of SNRC Registration:.....
13. Name of Nursing Council:
14. RN & RM Valid upto
15. NUID no./Acknowledgement no.
16. AADHAR no.
17. Fees Details:
Transaction ID/ UPI Reference no.:
Date of transaction:
Amount in Rs.:

Affix your passport
Size Self attested
photograph

18. Educational Qualification: (attach documents)

Course	School/College	Board/University	Date of declaration of passing result	Marks obtained / Max marks	% of marks obtained
10th					
12 th					
B.Sc. Nursing 1 st Year					
B.Sc. Nursing 2 nd Year					
B.Sc. Nursing 3 rd Year					
B.Sc. Nursing 4 th Year					
PB B Sc Nursing 1 st yr					
PB B Sc Nursing 2 nd yr					
Any other:.....					

19. Work Experience: (Attach documents) It will be calculated from the date of SNRC registration.

Designation	Organization/Institute	From date	To date	Duration
Total experience in Year Month Days				

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. I declare that:

1. I am a registered nurse & registered midwife with State Nursing Registration Council.
2. I have minimum education requirement i.e. B.Sc. Nursing/ B.Sc. hons. Nursing/ Post Basic B.Sc. Nursing with minimum of 55% aggregate marks.
3. I have undergone in B.Sc. Nursing/ B.Sc. hons. Nursing/ Post Basic B.Sc. Nursing through regular mode in an institution which is recognized by Indian Nursing Council.
4. I have minimum one year of work experience after nursing registration from state nursing council and I am medically fit.

Date:

Signature of the Applicant

Place:

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ADMIT CARD

M. Sc Psychiatric (Mental Health) Nursing (Session 2025)

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

1. Admit card no. (to be filled by the IHBAS/DU):
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 Self attested
photograph

Examination Centre	Date	Time	Candidate's Sign (To be done during examination)	Invigilator's sign (To be done during examination)

General Instruction to the Candidates:

1. Examination date and time will be available on IHBAS website one week prior to exam,
2. Candidate has to report at examination venue at least half an hour before.
3. No candidate will be allowed to enter the examination hall after scheduled time.
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.

Checklist of M.Sc. Nursing Admission form 2025

Name of the Applicant:..... By Hand/ Post:

S.no	The following needs to be attach along with application form.	To be Filled by candidate	Checked by committee	Remarks
		Yes /No	Yes /No	
1.	Complete signed application form			
2.	Passport size photo- Two			
3.	Category - Name			
	Category certificate for OBC/SC/ST/EWS/PWD			
4.	10 th certificate/ DOB / Age			
5.	10 th mark sheet			
6.	12 th certificate			
7.	12 th Mark sheet			
8.	BSc/PB BSc Nursing degree			
9.	BSc/PB BSc Nursing mark sheet (Min 55%) (All marksheets)			
10.	Date of RN/RM registration			
	Date of expiry			
	Name of council			
11.	Experience certificate for minimum of 1 year duration after registration with SNRC			
12.	Total years of experience			
13.	Filled Admit card with affix passport size photo			
14.	UPI transaction amount			
	UPI transaction ID			
	Date			
15.	Details of current employer			
16.	NUID / Acknowledgement no.			
17.	Aadhar no.			
18.	Any other			

Date:

Signature of the Applicant

Place:

Comments from Committee members: