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@delhi.gov.in; website: https://ihbas.delhi.gov.in

Ref: F4/PMHN/IHBAS/2026/4665 Date: 19/05/26

ADMISSION NOTICE

Applications are invited in the prescribed form for admission to the M.Sc. Psychiatric (Mental Health) Nursing Course (Two Years) & Post Basic Diploma in Psychiatric Nursing (One Year) for the academic year 2026-2027

Name of the Course	No of Seats					
	UR	SC	ST	OBC	EWS	Total Seats
M.Sc. Psychiatric (Mental Health) Nursing	4	1	0	2	1	8*
Post Basic Diploma in Psychiatric Nursing (DPN)	10	3	1	5	1	20**

Eligibility:

1. **M.Sc. 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) and registration with State Nursing Council.
2. **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 and registration with State Nursing Council.

Last Date of Receiving of Application: 20/06/2026
Date of Entrance Examination: 1st week of July 2026
Declaration of Result: One week after entrance examination
Commencement of Course-M.Sc. Psychiatric (Mental Health) Nursing and DPN: 01/08/2026

*2 seats reserved for PwBD (M.Sc. Psychiatric nursing) as per GoI guidelines
** 03 seats reserved for PwBD (DPN) as per GoI guidelines
Note: The entrance examination will be held at New Delhi ONLY
For OBC Quota, the OBC (NCL) certificate is required.

The detailed admission notice, application form can be downloaded from **https://ihbas.delhi.gov.in**. Applicants are advised to visit IHBAS official website for regular updates regarding entrance examination dates and others.

Deputy Registrar (Academics)
IHBAS

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Application form

For admission in M. Sc Psychiatric (Mental Health) Nursing (2026-28)

Affix your passport Size Photograph (Self attested photograph)

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 (Candidate)……
11. Contact number of Mother/Father/Husband/Guardian ……...……..
12. Contact number of person (in case of emergency) ……...……....
13. Email ID……...……
14. Alternate email ID ……...…….....
15. RN & RM Number:…… Date of SNRC Registration:…….
16. Name of Nursing Council: ……..……
17. RN & RM Valid upto ……
18. NUID no./Acknowledgement no. ……
19. AADHAR no. ……
20. Fees Details: Transaction ID/ UPI Reference no.:_____

Date of transaction: _____Amount in Rs. **:**_____

21. Educational Qualification: (attach documents)

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

22. **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 herebydeclare 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 one year of work experience after 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

(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 as per schedule time by University of Delhi.
2. Candidate has to report at examination venue 30 minutes prior to commencement of exam.
3. No candidate will be allowed to enter the examination hall after commencement of exam.
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.
8. Candidate is requested to check IHBAS website for regular updates for date, time and venue of entrance exam.

Department of Psychiatric Nursing/ College of Nursing, IHABS
Checklist of M.Sc. Nursing Admission form 2026

Name of the Applicant:…… **By Hand/ Post:**

S.no	The following needs to be attach along with application form.	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			
4.	10th certificate/ DOB / Age			
5.	10th mark sheet			
6.	12th certificate			
7.	12th Mark sheet			
8.	BSc/PB BSc Nursing degree			
9.	BSc/PB BSc Nursing mark sheet (Min 55%) (All marksheet)			
10.	Valid RN/RM certificate			
	Date of expiry			
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: