



INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES (IHBAS)

Hospital 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: jda-ihbas@delhi.gov.in Website: www.ihbas.delhi.gov.in



No.F.2/5933/25/Estt/IHBAS 10801

Dated: 22.10.25

RECRUITMENT NOTICE-

Walk-in-interview/Skill test for filling-up of the following posts for the Project "Establishment of Addiction Treatment Facilities in Government Healthcare Settings," funded by the Ministry of Social Justice and Empowerment (MoSJE), Government of India, co-ordinated nationally by NDDTC, AIIMS on contract basis for a period of 10 months or till further order whichever is earlier in IHBAS as per details given below:

Sl No.	Name of Post	Minimum Qualifications	Number of Posts	Age Limit	Salary structure/ Consolidated remuneration	Date of Walk-in-interview
1	Medical Officer	MBBS from a recognized institution along with medical council registration (Preferable: MD or equivalent qualification in Psychiatry)	01 (UR:01)	35 years	Rs.71,550/- (Consolidated)	29.10.2025
2.	Counsellor <i>candidates who have already applied for the post against advertisement No.F.10/19/HOD Psy/2024/IHBAS/4944 dated 07.05.2025 & No.F.10/19/HOD Psy/2024/IHBAS/5464 dated 26.05.2025 need to apply again.</i>	Graduate in Psychology/ Sociology/Social Work (Preferable masters in above disciplines)	02 (UR:02)	35 years	Rs.35,000/- (Consolidated)	29.10.2025

- Remuneration are as per NHM/State/Central Scheme under norms for contractual post.
- The duty station will be Psychiatry OPD and DATRC ward of IHBAS.
- Candidates who are less than 35 years will be eligible to appear in the interview for all the above mentioned posts.

1. Interested eligible candidates, possessing the requisite qualification from recognized university and having requisite experience may attend the walk-in-interview/skill test with duly filled in prescribed application format (Annexure-I), affix a recent coloured photograph along with self attested photocopies pertaining to Educational Qualification, date of birth and experience certificate etc.
2. In case of large number of candidates, they may have to through Theory Test in multiple stages.
3. Interview/skill test will be conducted in Activity Room, Academic Block, IHBAS, Dilshad Garden, Delhi 110005.
4. Candidature of applicant shall be subjected to verification of testimonials at a subsequent stage.
5. The application form shall be summarily rejected in case it is found incomplete in any respect.
6. 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.
7. The Institute reserves the right to increase/decrease, fill or not to fill any/all the vacancies or cancel the advertisement for any of the above mentioned post(s), without assigning any reason.
8. The cut off date for determining the eligibility and age will be as on date of interview
9. Applicant should report with all the necessary documents in original. Reporting time for the above post is between 09:30 AM to 10:30 AM on the date of interview/skill test. The Interview/Skill Test is to be conducted on the same day. No candidate will be entertained after the time schedule mentioned above.
10. Upper age limit is relaxable for Scheduled Caste, Scheduled Tribe and Other Backward Classes and PH candidates as per rules.
11. Registration with Delhi Medical Council is mandatory for the post of Medical Officer
12. While coming for Walk-in-interviews, candidates should bring all the original documents for verification.

MENTAL ILLNESSES ARE TREATABLE

Joint Director (Admn)

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

DILSHAD GARDEN (NEAR GTB HOSPITAL); DELHI - 110 095

Note 1: Please type or write in block letter.

**Recent Passport
Size Photograph**

- (b) Date of Advertisement _____

7. Address for communication: _____

Pin _____ Mobile No. _____

E-mail : _____

- 8. Education Qualification:**

Sl.	Name of Examination	Name of Board/University	Year of passing	Percentage of Marks/Grade

9. Experience:

Sl.	Name and Address of the Office/Deptt.	Post Held	Period		Pay	Nature of Duties
			From	To		

I hereby declare that the information given above is correct and true to the best of my knowledge and belief. I undertake that if at any stage any of the information given above is found false or incorrect my candidature/appointment may be cancelled. I further undertake that if at any stage I am found guilty of using unfair means in the recruitment process of violating any of the rules/Regulations governing the recruitment my candidature/appointment may be cancelled.

Signature of applicant