



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					Total Seats
	UR	SC	ST	OBC	EWS	
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.

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

Note: The entrance examination will be held at New Delhi ONLY

*PWD reservation as per GOI rules.

The detailed admission notice and application proforma can be downloaded from <https://ihbas.delhi.gov.in>

Deputy Registrar (Academics)
IHBAS

DIP/Shabdarth/Classified/0028/25-26

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Application form

For admission in Post Basic Diploma in Psychiatric 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 PWDcategory: 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	Month & Year of passing	Aggregate %
10th				
12 th				
GNM				
B.Sc/P.B.B.Sc in Nursing				
Any other:.....				

19.Work Experience (Attach documents)

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

Date:

Signature of the Applicant

Place:

CHECK LIST

Kindly attach following documents:

1. Original application form with admit card
2. Date of birth certificate/ 10th class certificate
3. Category certificate (if any) and Non creamy layer for OBC
4. All Marksheets of (10th, 12th, GNM/ B Sc nursing/ Post basic B Sc nursing, any other qualification)
5. Certificates (GNM diploma certificate, B Sc Nursing Degree/ PB B Sc nursing degree)
6. RN and RM certificate
7. Experience certificates
8. Copy of NUID no. or Acknowledgement no
9. Character certificate
10. Migration certificate
11. Print of receipt of payment/Screenshot of Payment
12. Any other

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ADMIT CARD

Post Basic Diploma in Psychiatric Nursing (Session 2025)

(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 (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 question paper.