

# 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: director-ihbas@delhi.gov.in, directoroffice-ihbas@delhi.gov.in; website: ihbas.delhi.gov.in

F2/PMHN/IHBAS/INT/2025/Ext.Tng/

Dated:

## NOTICE

**Subject: Invitation of Applications 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 B.Sc. and M.Sc. Nursing from Nursing Colleges/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 colleges situated in Delhi and are run by either Government or nonprofit/public charitable organizations may apply on the prescribed proforma and submit the hard copy to the office of Director, IHBAS latest by 15<sup>th</sup> June 2025.

*Gatodia*  
Deputy Registrar (Academics)

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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)