



INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES

*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 Fax : 22114066
website: www.ihbas.delhi.gov.in*


F.12/ANS/IHBAS/2018/148

Date 05/11/2018

NOTICE

Subject: - Invitation of Applications for Training In Psychiatric Nursing

As per its mandate, IHBAS has been providing training for various categories of Nursing Students of GNM/B.Sc./Post Basic B.Sc. and M.Sc. Nursing from different organizations on Mental Health for the last many years. The average intake of such students has been approximately 150-160 per month. Interested Nursing Institute/Colleges/Schools may apply on prescribed Performa through Email directorihbas@vsnl.net latest by 24th of November 2018 as per details given on the website of www.ihbas.delhi.gov.in.


(Dr. Nimesh G. Desai)
Director



INSTITUTE OF HUMAN BEHAVIOUR & ALLIED SCIENCES
(An Autonomous Body under the Govt of National Capital Territory of Delhi)

G.T. Road: Dilshad Garden, Post Box 9520, Delhi-110 095

At work: Phones: 91-11-22114021, 22114029, 22114032, (extn. 248) ; Fax: 22599227



PERFORMA

1. Name of the Institute : _____
2. Address : _____
3. Contact no. : _____
Mobile no. : _____
4. Email address : _____
5. Type of Institute (Govt/Trust/Pvt/any other) : _____
6. Reference no. of State Nursing Council : _____
7. Reference no. Indian Nursing Council : _____
8. Details of Students:-

S. No.	Students category	No. of total Students	No. of Female Students	No. of Male Students	Hostel facility needed (Yes/No)	Preferred month for training
1.	GNM					
2.	B.Sc. Nursing					
3.	P.B. B.Sc. Nursing					
4.	M.Sc. Nursing					

9. Hostel Facility required or not : _____
10. Name of the training co-ordinator : _____
11. Contact details of the training co-ordinator : _____
(Contact number & Email)
12. Name of the teacher who will supervise the : _____
Students during training with contact no. _____
13. Name of the Principal/Director : _____
(Contact number & Email) :

Signature of the Principal/Director
with Stamp

