



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.2/192/JDA/50/2017/IHBAS

Date 13/11/17

NOTICE

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 Colleges/Schools may apply on prescribed Performa through Email directorihbas@vsnl.net latest by 5th of December 2017 as per details given on the website of www.ihbas.delhi.gov.in.

(Dr. Nimesh G. Desai)

Director

Prof. (Dr.) NIMESH G. DESAI
Director, IHBAS, Delhi



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 : _____

Signature of the Principal/Director
with Stamp

