

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"*
website: ihbas.delhigovt.nic.in



F2/PMHN/IHBAS/INT/2022/Ext.Tng/51

Dated: 5/12/2022

NOTICE

Subject: Invitation of Applications for Internship/observership/Training in Psychiatric Nursing

As per its mandate, IHBAS has been providing insternship/observership/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 Charitable trust may apply on the prescribed Performa through email to directoroffice@ihbas.org latest by 20 December 2022.

Prof. (Dr.) Rajinder K. Dhamija
Director

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computer

7/12/22

DPA/222
7/12/2022



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. Name of the training co-ordinator : _____
10. Contact details of the training co-ordinator : _____
(Contact number & Email) _____
11. Name of the teacher who will supervise the : _____
Students during training with contact no. _____
12. Name of the Principal/Director : _____
(Contact number & Email) : _____

Signature of the Principal/Director
with Stamp