



**MENTAL HEALTH INSTITUTE  
(CENTRE OF EXCELLENCE IN MENTAL HEALTH)  
SCBMCH, CUTTACK**



# PROSPECTUS

**FOR  
ADMISSION INTO  
POST BASIC DIPLOMA IN  
PSYCHIATRIC NURSING COURSE  
FOR THE ACADEMIC SESSION - 2017-18**

**APPROVED BY:-  
INDIAN NURSING COUNCIL &  
THE DEPARTMENT OF HEALTH & FAMILY WELFARE,  
GOVERNMENT OF ODISHA**

## **MODE OF OBTAINING PROSPECTUS & APPLICATION FORMS:-**

Application form and Prospectus for admission in one year Post Basic Diploma in Psychiatric Nursing course for the academic session 2017-18 are available in the official website of the Directorate of Nursing i.e. [www.nursingodisha.nic.in](http://www.nursingodisha.nic.in) which can be downloaded. Along with the application form candidate is to enclose original Bank Draft of Rs.750/-(Rupees Seven hundred fifty only) drawn in favour of “Convener , Post Basic Diploma in Psychiatric Nursing Selection Committee (2017-18)”, payable at State Bank of India, S.C.B.M.C Campus Branch, Cuttack’. The Bank Draft is not refundable under any circumstances.

**Contact particulars - 0671- 2410383 / 2414359 / 2416478, FAX- 0671- 2410383.**

## **1. SELECTION COMMITTEE:-**

1.1. The selection committee will conduct selection to the post Basic Diploma in Psychiatric Nursing Course. The committee consists of:-

- |  |   |              |
|--|---|--------------|
| a) Director of Nursing                               | - | Chairman     |
| b) Dean & Principal, SCBMC, Cuttack                  | - | Co- Chairman |
| c) Deputy Secretary, H & F.W. Department, Odisha-    |   | Member       |
| d) Assistant Professor & HOD of Psychiatric Nursing- |   | Member       |
| e) Director-cum-Medical Superintendent, MHI          | - | Convener     |
| f) Deputy Director of Nursing                        | - | Co-ordinator |

1.2. The convener is authorized by the selection committee to float advertisement and invite application forms, verify documents, draw final merit list and take all measures for admission of candidates in time as per prospectus. Illegal complications convener shall take necessary steps in filing counters on behalf of the Chairman, Selection Committee and/or Govt. of Odisha, Health & Family Welfare Department. The decision of selection committee with regard to selection and admission shall be final & binding.

1.3. Applications are invited in the prescribed form for admission into one year Post Basic Diploma in Psychiatric Nursing Course for the academic session 2017-18 to be commenced in Mental Health Institute, SCB Medical College, Cuttack. Complete application form along with the relevant document is to be sent to the following address:

**The Convener,**

**Post Basic Diploma in Psychiatric Nursing Selection Committee(2017-18)  
& The Director-cum-Medical Superintendent, Mental Health Institute, S.C.B.  
Medical College & Hospital, Cuttack-753007, Odisha.**

## **2. ADMISSION CALENDER:-**

- |  |   |                           |
|--|---|---------------------------|
| 1. Availability of application form & Prospectus in the Website <a href="http://www.nursingodisha.nic.in">www.nursingodisha.nic.in</a> | - | 28.08.2017                |
| 2. Last date of receipt of application   | - | 15.09.2017.               |
| 3. Publication of merit list   | - | 25.09.2017.               |
| 4. Date of Counseling  | - | 06.10.2017                |
| 5. Date of admission   | - | 16.10.2017&<br>17.10.2017 |
| 6. Commencement of Class   | - | 23.10.2017.               |

**N.B.** – The above schedule is provisional and can be changed as per the requirement of administration with due intimation to the candidates.

## **3. GENERAL INFORMATION:-**

- The applications in the prescribed form are invited from the intending male & female candidates for admission in to Post Basic Diploma in Psychiatric Nursing at Mental Health Institute (Centre of Excellence), S.C.B. Medical College & Hospital, Cuttack for the academic session 2017-18.
- The duration of the course is 1 year as per INC prescribed syllabus.
- All legal matters pertaining to the selection and admission shall be within the jurisdiction of Cuttack only. The convener of the selection committee shall be the legal person.
- Both Female and Male candidates are eligible to apply. (10% seats are reserved for male candidate in all category).

### **Address:-**

The complete application form along with enclosures should reach:- The Convener, Post Basic Diploma in Psychiatric Nursing Selection Committee (2017-18) and The Director-cum-Medical Superintendent, Mental Health Institute, SCB Medical College & Hospital, Cuttack – 753007, Odisha.

**Email - [mhi.cuttack@gmail.com](mailto:mhi.cuttack@gmail.com).**

#### **4. ELIGIBILITY CRITERIA:-**

- The candidate must be Domicile/Permanent Resident/Native of Odisha.
- The candidate must be Registered Nurse and Registered Midwife in ONMC or equivalent to ONMC thereof.
- In case if candidate has registered his/her name in other State Nursing Council, he/she has to submit reciprocal registration certificate from the ONMC within one month from the date of admission.
- The minimum educational requirements shall be the passing of General Nursing & Midwifery examination conducted by ON&MEB, Odisha or equivalent thereof and Basic/ Post Basic B.Sc.(N) conducted by University of Odisha or equivalent thereof.
- Candidate shall be medically fit for the course.
- Must have obtained a “**No objection Certificate**” from the appointing Authority to undergo the course (for in-service candidates working in Govt. Sector).
- Must have Passed Odia up to M.E standard.
- Both Male & Female candidates are eligible to apply.
- 10% of total seats are reserved for Male candidates in all categories. In Case of Non-availability of male candidates, female candidates will be considered for admission.

## **5. PROCEDURE FOR FILLING UP THE APPLICATION FORM:-**

- All applicants are advised to go through the Prospectus before filling the application form.
- Candidate must apply in the prescribed application form along with requisite fee and self-attested photocopies of the documents.
- The application form must be filled up by the candidate in his/her own hand writing in legible capital letters and signed at the appropriate column.
- Correction, overwriting/cutting application form will not be accepted.
- If ineligibility of a candidate is detected at any stage before or after publication of Merit list/Counseling/Admission, his/her candidature/admission will be cancelled without any notice.
- In case any candidate is found to have furnished wrong information or certificate etc, he/she will be debarred from admission.
- It will be the responsibility of the candidates to ensure that correct details including address is filled in the application form. The Convener will not be responsible for any loss in transit or for incorrect address given by the applicant in the application form.
- Please make the payment as directed to avoid rejection on account of non-payment.
- The following documents are to be furnished by the candidate along with the application form: - The self-attested photocopies of the following documents should be attached with the application form (Enclosures to be numbered by the candidates) and original of the same should be produced on the date of counseling. A candidates failing to produce any document in original on the date of counseling his/her selection shall not be taken into consideration and the candidates in the next of the merit list will be given chance to take admission.

1. 10<sup>th</sup> / H.S.C. or equivalent examination pass certificate & mark-sheet.
  2. 10 +2 examinations pass certificate & mark-sheet issued by CHSE, Odisha or equivalent thereof.
  3. General Nursing & Midwifery examination pass certificate & Mark-sheet issued by ON&MEB or equivalent thereof.
  4. R.N/R.M certificate issued by ONMC or any other State Nursing Council.
  5. Caste certificate in case of S.C/S.T candidate (**APPENDIX-III**).
  6. Resident/Nativity Certificate in the prescribed form (**APPENDIX-V**).
  7. NOC from the appointing authority where the candidate is presently serving (for Govt. employee only).
  8. School/College Leaving Certificate/ Transfer Certificate, Certificate of Good Conduct from the educational institution last attended or from the present employer.
  9. Two colour passport size photographs with self-attested on the front side to be pasted in the application form. (**APPENDIX-I**)
  10. Declaration in the prescribed form in original(**APPENDIX-II**)
  11. Self-attested medical fitness certificate as required (**APPENDIX –IV**).
  12. Original draft of Rs.-750/-towards application fees(Non-refundable)
- The complete application filled in all respects along with enclosures and fees in shape of D.D amounting Rs.750/- (Rupees seven hundred fifty) only drawn in favor of **Convener, Post Basic Diploma in Psychiatric Nursing Selection Committee (2017-18) ,Payable at State Bank of India, SCBMC Campus Branch, Cuttack** should reach the Convener, Post Basic Diploma in Psychiatric Nursing Selection Committee, (2017-18) & The Director-cum-Medical Superintendent, Mental Health Institute, SCB Medical College Hospital, Cuttack-753007 on or before **15.09.2017** by 5.00PM through Registered Post/Speed Post.
  - Email Id & Mob.No. Must be given in the application form.

- Envelope containing application form shall be prominently super scribed “Application for admission into Post Basic Diploma in Psychiatric Nursing Course 2017-18”.
- As per the letter of INC, New Delhi dated 03.01.2012, the candidates have to furnish an affidavit to the effect that he / she is attending Post Basic Diploma in Psychiatric Nursing Course regularly and not working in any institution during his/her study period. (To be submitted at the time of admission).

## **6. MERIT LIST:-**

- The merit list will be prepared on the basis of career marks.
- For career marks, 25% of the aggregate marks secured in HSC/10<sup>th</sup>, 25% of the aggregate marks secured in +2/12<sup>th</sup> examination (excluding extra optional) and 50% of the aggregate marks secured in GNM / B.Sc / P.B.B.Sc Nursing is taken together.
- In case of candidates having equal marks in aggregate “on the above career marking”, inter-se-merit shall be decided as follows

**❖ Candidate senior in date of birth will be selected.**

- Eligible candidates as per their merit will be directed to appear before the Selection Committee on the schedule date & time for counseling at Mental Health Institute, SCB Medical College & Hospital, Cuttack and admission in the Office of the Dean and Principal, S.C.B.M.C, Cuttack.
- The merit list will be prepared separately for the following category

**❖ SC, ST, GCH, PH, Ex-Serviceman & Common Merit List**

## **7. RESERVATION OF SEATS:-Total number of seat- 20.**

**22.5% for ST, 16.25% for SC, 5% for GCH, 3% for PH&3% for Ex-serviceman**

**N.B:** Seat inter-convertibility:



- a). If requisite number of suitable candidates is not available to fill the seats reserved for the Scheduled Castes, the same will be filled out of the candidates belonging to the Scheduled Tribes and vice versa.
- b). In case candidates do not qualify from the SC/ST categories, vacant seats will be filled by candidates from the general category.
- c). Similarly, in case the seat remains vacant against any reserved quota then these seats shall be made available to the general category.

## **8. DISTRIBUTION OF SEATS**

CATEGORY	10% MALE QUOTA	FEMALE	UR		ST		SC		PH		EX-SERVICE		GCH		SUB TOTAL		TOTAL
			M	F	M	F	M	F	M	F	M	F	M	F			
In- Service	1	9	0	5	1	2	0	1	0	0	0	0	0	1	1	9	10
Direct	1	9	0	4	1	2	0	2	0	0	0	0	0	1	1	9	10
Total	2	18	0	9	2	4	0	3	0	0	0	0	0	2	2	18	20

### **Note:-**

- ❖ In-Service candidates: - Those who are regular / contractual Govt. Servant against Finance concurrence posts.
- ❖ Direct candidates: - candidates after GNM/Basic/Post Basic B.Sc. Nursing Pass & registered under Odisha Nursing Midwives Board (ONMEB).
- ❖ If the In-Service candidates will not available as per the requirement, the seat will be filled by direct candidates for admission and vice versa.

## **9.COUNSELLING OVERVIEW :-**

- The date & time of the counseling will be notified in the official website of the Directorate of Nursing [www.nursingodisha.nic.in](http://www.nursingodisha.nic.in) .
- Candidates are required to attend counseling on the scheduled date and time. No representations are allowed for the purpose.
- If a Candidate fails to attend counseling on the scheduled date will not be allowed for admission during the session 2017-18.
- Counseling and admission against reserved category will be done at beginning.

**Candidates should produce the original certificates at the time of counseling.**

**N.B:** The candidates are advised to be in touch with the website of Director Nursing, Odisha [www.nursingodisha.nic.in](http://www.nursingodisha.nic.in) frequently for relevant information & notification.

**N.B:** Candidates has to submit CLC/TC and Registration certificate/Migration Certificate at the institution on the date of reporting. In this case they may submit undertaking at the time of counseling for the purpose.

**NOTE. 1** All the original certificates, mark sheets & other documents will be verified during the counseling with regard to the facts and figures furnished in the application in support of her / his candidature. Claims for admission will be rejected if the original certificates and documents are not submitted by the candidate at the counseling spot. Undertaking for extension of time to submit the original certificate / certificates and document / documents would not be entertained under any circumstances.

**NOTE.2**All reserved category candidates who qualify in the common merit list shall attend the counseling for unreserved category seats and shall exercise his/her option. If he/she desires to opt for his/her respective reserved category he/she may attend the counseling meant for that reserved category.

**10.FEE STRUCTURE:-**

The following fees are to be deposited by the candidate at the time of admission in to the Post Basic Diploma in Psychiatric Nursing course:-

<b>Sl.No</b>	<b>PARTICULARS</b>	<b>AMOUNT</b>
1.	Admission / Tuition fees	Rs.10,000/-
2.	Library fees	Rs.250/-
3.	Laboratory fees	Rs.100/-
4.	Identity card	Rs.150/-
5.	Caution money	Rs.500/-(refundable)
	<b>TOTAL</b>	<b>Rs. 11,000/-</b>

This excludes payments for purchase of required books & uniform.

### **11.HOSTEL:-**

Hostel is available separately for male & female candidates inside the campus and the fees for the hostel is Rs.1800/- and electric charges Rs.900/- per year.

### **12. UNIFORM:-**

- a) Selected female candidates should wear mehendi colour saree & white apron
- b) Selected male candidates should wear black pant & white shirt with white apron

### **13. LEAVE:**

- Students will be allowed 15 days C.L during the academic year.

### **14. THEORY & PRACTICAL:-**

However, the student secures 80% of attendance in theory subjects and 100% in Practical to appear in the University Examination as per INC regulations.

### **15. STIPEND:**

#### **For Direct & Contractual Candidates:-**

They will get Rs.2000/- per month and to be notified as per Government order from time to time.

#### **For In-Service Candidates:-**

As per the Govt. Order No. ME-II-M-10/2015-1715/H Dated-22.01.2016 the In-Service Candidates are allowed to draw their full pay and DA as admissible to them from their previous establishment before joining the course and the period will be treated as deputation.

### **16. BOND AGREEMENT:**

All the selected candidates will have to execute a Bond Agreement as per Govt. Approved format within one month of admission.

## **17. DISCIPLINE:**

- Candidates got admitted should abide by the rules and regulations of the Institution, hostel, library and concerned examining body.
- Those found disobeying the rules and regulations shall be debarred from the Institution without any notice.

**AS PER DIRECTION OF HONOURABLE SUPREME COURT OF INDIA PASSED IN SLP (C) No.24295/2004, SLP No.14356/2005, WPC No.173/2006 AND SLP (C) No.24296 – 24299/2004.**

**IF ANY INCIDENT OF RAGGING COMES TO THE NOTICE OF THE AUTHORITY, THE CONCERNED CANDIDATE SHALL BE GIVEN LIBERTY TO EXPLAIN AND IF HER / HIS EXPLANATION IS NOT FOUND SATISFACTORY, THE AUTHORITY WOULD EXPEL HER / HIM FROM THE INSTITUTION.**

**Affidavit (1) by the candidate (2) by the parent shall be taken as per the circular No.22-1 O (Web)-INC (Part) dated 14th May 2013.**

**In all matters relating to eligibility of candidates for selection and admission to the Post Basic Diploma in Psychiatric Nursing Course, the decision of the Chairperson & Convener shall be final.**

**APPENDIX - I**

**DEPARTMENT OF PSYCHIATRIC NURSING, MHI, SCBMCH,  
CUTTACK, ODISHA.**

***(APPLICATION FOR SELECTION INTO ONE YEAR POST BASIC DIPLOMA IN  
PSYCHIATRIC NURSING COURSE - 2017-18)***

(For office use only)



(i) Course: Post-Basic Diploma in Psychiatric Nursing

(ii) Academic Session: 2017-18

(iii) Application No:-

(iv) Code No:-

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**(To be filled by the Candidate)**

01. Name (in block letters) -

02. Gender (M/F) -

03. Designation -

04. Date of birth as recorded in HSC or Equivalent pass certificate -

05. Name of the

a. Father -

b. Mother -

c. Spouse (In-case of married) -

06. Name of the guardian:-

07. Relationship with the guardian -

08. Present Office Address: - At ..... Po.....

Dist. ....State.....

PIN.....Mobile No.....

09. Permanent home address:- At \_\_\_\_\_ Po \_\_\_\_\_

Dist \_\_\_\_\_ State \_\_\_\_\_ PIN \_\_\_\_\_

Mobile No \_\_\_\_\_ /

10. Present address of correspondence: - At \_\_\_\_\_ Po \_\_\_\_\_

Dist \_\_\_\_\_ State \_\_\_\_\_ PIN \_\_\_\_\_

Mobile No \_\_\_\_\_

11. Email address:- \_\_\_\_\_

12. Religion- \_\_\_\_\_ /

13. Nationality - \_\_\_\_\_ /

14. Marital status - \_\_\_\_\_ /

15. Category- \_\_\_\_\_ /

16. Registration number as RN/RM: - No \_\_\_\_\_ / Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ /

17. T.N.A.I. membership number:-No \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ /

18. Payments detail: Amount D.D No \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ /

19 Particulars of Service

Attach certificates from the competent authority on chronological order

Sl. No.	Post Held	Period		Place of Posting	Total Period
		From	To		
I					
II					
III					
IV					
V					

20. Particulars of academic qualification

Sl.No	Examination passed	Name of the Board/University	Full marks	Marks secured	Percentage of marks
	HSC				
	Intermediate / +2 Arts /Sc./Com				
	Any higher qualification				

21. Particulars of professional qualification:

Examinations passed	Name of the Institution	Marks secured out of the total marks	Percentage of marks obtained
	GNM		
	B.Sc / P. B. B.Sc Nursing		

I declare that the above statement of particulars furnished by me are true in all respect and as such, I undertake that if subsequently, I will be found to have given wrong information with regard to the marks, certificates and documents produced by me in connection with my admission, then my name will be immediately removed from the Institution in addition to whatever legal action that be taken against me, I agree to abide by the rules of the Institution / Hostel and pay all fees and deposit all other dues as laid down in the Institution. I certify that I have not been prosecuted or convicted for any criminal offence involving moral attitude.

**Signature of the applicant in full.**

**Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /

**APPENDIX – II**

**(To be submitted by the selected candidates at the time of admission)**

I Sri/Miss/Smt. \_\_\_\_\_ Name of the  
local guardian (Address of the local guardian) \_\_\_\_\_

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Undertake to act as the local guardian of Miss/Smt./Sri \_\_\_\_\_  
\_\_\_\_\_ daughter/wife/son/ward of

Sri/Smt \_\_\_\_\_  
during her / his period of study in the Department of Psychiatric Nursing, Mental  
Health Institute, SCBMCH, Cuttack.

I also undertake to act on behalf of the parents / husband of the said  
Candidate during the period of study in the Department of Psychiatric Nursing,  
MHI, SCBMCH, Cuttack, for which I have been empowered by the parent /  
Guardian / husband of the said candidate.

I further undertake to take custody of the above candidate if and when  
required by the Institution authorities and to ensure that she / he maintain  
the academic discipline and good conduct during the period of study.

Place \_\_\_\_\_

Signature in full of the Local Guardian

Date \_\_\_\_\_

**ATTESTATION BY PARENT/HUSBAND/GUARDIAN**

The above undertaking has been signed in my presence, I empower Sri/Smt./Miss  
\_\_\_\_\_ to act as Local  
Guardian of my daughter / wife / son/ ward / Miss / Smt. / Sri \_\_\_\_\_

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Place \_\_\_\_\_

Signature in full of the Local Guardian

Date \_\_\_\_\_



**APPENDIX-III**

**Form of certificate of Scheduled Caste and Scheduled Tribe Candidates**

This is to certify that the Smt. / Sri / Miss \_\_\_\_\_ /

Daughter / Son / W/o Shri \_\_\_\_\_

Village \_\_\_\_\_ Town \_\_\_\_\_

PO \_\_\_\_\_ PS \_\_\_\_\_

District \_\_\_\_\_ belonging to the \_\_\_\_\_

Caste / Tribe / Sub-Caste which recognized as a Scheduled Caste / Tribe under the  
(Scheduled Caste and Scheduled Tribe) list modification orders of 1986.

Smt. \_\_\_\_\_ and or her  
family ordinarily resides the village \_\_\_\_\_ PO \_\_\_\_\_ Dist \_\_\_\_\_

Signature of the Competent Authority.

Please delete the words which are not applicable.

**Competent Authority:** - District Magistrate/Additional District Magistrate/Sub-Divisional Magistrate/Tahasildar/Additional Tahasildar.

**APPENDIX- IV**

**CERTIFICATE OF PHYSICAL FITNESS IN RESPECT OF SELECTED CANDIDATES**

**FOR ADMISSION INTO THE POST BASIC DIPLOMA IN PSYCHIATRIC NURSING COURSE – 2017-18.**

Name of the Candidate in full \_\_\_\_\_ Weight \_\_\_\_\_  
Age \_\_\_\_\_ Height \_\_\_\_\_ Sex \_\_\_\_\_  
Heart \_\_\_\_\_ Eye \_\_\_\_\_ Teeth \_\_\_\_\_ Liver \_\_\_\_\_  
Lungs \_\_\_\_\_ Spleen \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
Blood Group \_\_\_\_\_ Please indicate if Pregnant \_\_\_\_\_  
(In-case of Female Candidates) Date of L.M.P. \_\_\_\_\_  
(In-case of Female Candidates) \_\_\_\_\_  
Previous Medical History, if any \_\_\_\_\_

Personal Marks of Identification

1. \_\_\_\_\_
2. \_\_\_\_\_

I certify that I have examined the above named candidate and cannot discover that she /he has any diseases, constitutional weakness or bodily infirmity and I consider that the candidate is physically / mentally fit to undergo Post Basic Diploma Psychiatric Nursing Course under Health & Family Welfare Department

SIGNATURE OF THE  
CANDIDATE

Signature & Seal of Medical Officer  
Govt. of Odisha.  
Designation –  
Date -

**NOTE:-**This certificate to be detached for submission only by the selected candidates on the date of counselling.

[Not to be submitted along with application form.]

**APPENDIX – V**

**FORMNO.III**

(The Odisha Miscellaneous Certificate Rules, 1984)

Miscellaneous Certificate Case No. \_\_\_\_\_ of \_\_\_\_\_.

**RESIDENT/NATIVITY CERTIFICATE**

This is to certify that Shri/Smt./Miss \_\_\_\_\_

Son/daughter/wife of Shri \_\_\_\_\_

is a native of the \_\_\_\_\_

in the Dist.of \_\_\_\_\_ in the State of Odisha

and he/she, his/her family ordinarily resides in Village/Town: \_\_\_\_\_

PS \_\_\_\_\_ Tahsil \_\_\_\_\_ in the District of \_\_\_\_\_ in the State

of Odisha for the period from \_\_\_\_\_ to \_\_\_\_\_

The certificate is granted only for the purpose of higher study.

Full Signature of the Applicant

Signature of the Revenue Officer

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Round Seal of the Office  
(With Seal of the Office)**

Designation

**Note:**

- ❖ “Revenue Officer means” the Chief Officer-In-Charge of Revenue Administration in the District, Sub-division or Tahasildar and includes an Additional District Magistrate and Additional Tahasildar.