



**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 – 2019-20**

**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 2019-20 are available in the official website of the **DMET, Odisha** www.dmetodisha.gov.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 (2019-20), 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) DMET, Odisha | - | Chairman |
| b) Director-cum-Medical Superintendent, MHI | - | Convener |
| c) Assistant Professor & HOD of Psychiatric Nursing | - | In charge |
| d) Joint DMET(In situ), Odisha | - | Co-ordinator |

1.2. The member 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 2019-20 to be commenced in Mental Health Institute, SCB Medical College hospital, Cuttack.

2. ADMISSION CALENDER:-

- | | | |
|--|----------|----------------------------|
| 1. Availability of application form & Prospectus in the Website www.dmetodisha.gov.in | - | 13.08.2019 |
| 2. Last date of receipt of application | - | 07.09.2019. |
| 3. Publication of merit list | - | 20.09.2019 |
| 4. Date of Counseling | - | 27.09.2019 |
| 5. Date of admission | - | 18.10.2019 & 19.10.2019 |
| 6. Commencement of Class | - | 01.11.2019. |

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 2019-20.
- The duration of the course is 1 year as per INC prescribed syllabus.
- All legal matters pertaining to the selection and admission shall 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 categories).

Address:-

The complete application form along with enclosures should reach:- The Convener, Post Basic Diploma in Psychiatric Nursing Selection Committee (2019-20) and The Director-cum-Medical Superintendent, Mental Health Institute, SCB Medical College & Hospital, Cuttack – 753007, Odisha.

Email - 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. or is found to have withheld or cancelled any material information in his/her application, he/she will be debarred from admission.

- 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. 10th / H.S.C. or equivalent examination pass certificate & mark-sheet.
 2. 10 +2 examination passes 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 (recent).
 6. Self-attested copy of resident/ nativity certificate issued by the competent authority not before 5 years.
 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 –III**).
 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 (2019-20) ,Payable at State Bank of India, SCBMC Campus Branch, Cuttack** should reach the Convener, Post Basic Diploma in Psychiatric Nursing Selection Committee, (2019-20) & The Director-cum-Medical Superintendent, Mental Health Institute, SCB Medical College Hospital, Cuttack-753007 on or before **31.08.2019** by 5.00 PM 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 2019-20”.
- 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/10th, 25% of the aggregate marks secured in +2/12th 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 and admission at Mental Health Institute, SCB Medical College & Hospital, Cuttack on scheduled date.
- 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:

- 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.
- In case candidates do not qualify from the SC/ST categories, vacant seats will be filled by candidates from the general category.
- 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 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 9 | 10 |
| Direct | 1 | 9 | 0 | 4 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 9 | 10 |
| Total | 2 | 18 | 0 | 9 | 0 | 4 | 0 | 3 | 0 | 0 | 0 | 2 | 2 | 0 | 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 DMET,Odisha www.dmetodisha.gov.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 2019-20.
- 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 DMET Odisha www.dmetodisha.gov.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 counselling for the purpose.

NOTE. 1 All the original certificates, mark sheets & other documents will be verified during the counselling 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 counselling spot. Undertaking for extension of time to submit the original certificate / certificates and document / documents would not be entertained under any circumstances.

NOTE.2All reserved category candidates who qualify in the common merit list shall attend the counselling 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 counselling 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:-

| Sl.No | PARTICULARS | AMOUNT |
|--------------|--------------------------|----------------------|
| 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) |
| | TOTAL | Rs. 11,000/- |

The above fee excludes payment 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 15days C.L during an 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 IN TO ONE YEAR POST BASIC DIPLOMA
IN PSYCHIATRIC NURSING COURSE -2018-19)***

(For office use only)



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

(ii) Academic Session: 2018-19

(iii) Application No:-

(iv) Code No:-

(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) _____

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_____

Place_____

Signature in full of the Local Guardian

Date_____

APPENDIX- III

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.]