

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 - 2016-17

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 1 year Post Basic Diploma in Psychiatric Nursing course for the academic session 2016-17 are available in the official website of the Directorate of Nursing & DMET, Odisha i.e. www.nursingodisha.nic.in & 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 'Convenor , Post Basic Diploma in Psychiatric Nursing Selection Committee (2016-17), payable at State Bank of India, S.C.B.M.C Campus Branch, Cuttack .The Bank Draft is not refundable under any circumstances.

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

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 of Psychiatric Nursing - Member

e) Director-cum-Medical Superintendent, MHI - Convenor

f) Deputy Director of Nursing - Co-ordinator

1.2. The member convenor 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. In legal complications convenor 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 2016-17 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 Convenor,

Post Basic Diploma in Psychiatric Nursing Selection Committee (2016-17) & 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 | - | 31.08.2016 |
|---|---------|-------------------------|
| Website www.dmetodisha.gov.in &www.nursingodisha | .nic.in | |
| 2. Last date of receipt of application | - | 22.09.2016. |
| 3. Publication of merit list | - | 29.09.2016. |
| 4. Date of Counseling | - | 05.10.2016 |
| 5. Date of admission | - | 17.10.2016 & 18.10.2016 |
| 6. Commencement of Class | _ | 24.10.2016. |

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 application 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 2016-17
- 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 convenor 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 (2016-17) 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 (APPENDIX-III).
- The candidate must be Registered Nurse and Registered Midwife in ONMC or equivalent to ONMC thereof.
- In case a 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 (APPENDIX II).
- Must have obtained a "No objection Certificate" from the appointing Authority to undergo the course (for in-service candidates working in Govt/ Private sector).
- Must have Passed Odia upto M.E standard.
- Both Male & Female candidates are eligible to apply.
- 10% of total seats are reserved for Male candidates in all category. 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 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 concealed any material information in his/her application, 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 Convenor 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 nonpayment
- The following Documents are to be furnished by the candidate along with the application form: The self attested photo copies 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. At no circumstances, the enclosures / documents shall be accepted separately or after receipt of application form. 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 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-I).
 - 6. Resident/Nativity Certificate in the prescribed form (Appendix-III).

- 7. NOC from the appointing authority of Govt/Private, where the candidate is presently serving.
- 8. School/College Leaving Certificate/ Transfer Certificate, Certificate of Good Conduct from the educational institution last attended or present employer.
- 9. Colour passport size photograph each self attested on the front side to be pasted in the application form and intimation letter.
- 10. Declaration in the prescribed form in original
- 11. Acknowledgement sheet affixing postage stamp Rs 6/- (APPENDIX-IV).
- 12. One self-addressed envelope (23"X10") affixing Postage stamp Rs.40/-
- 13. Self attested medical fitness certificate as required (APPENDIX II).
- 14. Original draft of Rs.-750/-towards application fees (Once draft is deposited can't be cancelled).
- The complete application filled in all respects alongwith enclosures and fees in shape of D.D amounting Rs.750/-(Rupees seven hundred fifty) only drawn in favour of <u>Convenor</u>, <u>Post Basic Diploma in Psychiatric Nursing Selection Committee (2016-17) ,Payable at State Bank of India, SCBMC Campus Branch, Cuttack</u> should reach the Convenor, Post Basic Diploma in Psychiatric Nursing Selection Committee, (2016-17) & The Director-cum-Medical Superintendent, Mental Health Institute, SCB Medical College Hospital, Cuttack-753007 on or before **22.09.2016** by 5.00 PM through Registered Post/Speed Post.
- Applications received after due date or envelope containing applications of more than one individual will be rejected.
- Address of the candidate must be written correctly on the acknowledgement card & enclosed with the application form.
- Envelope containing application shall be prominently super scribed "Application for Admission into Post Basic Diploma in Psychiatric Nursing Course 2016-17".
- 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 nor 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

A 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 and venue for counseling (Mental Health Institute, SCBMCH, Cuttack) and admission will be taken in the office of the Dean & Principal SCBMCH, 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

a) 22.5% for ST,16.25% for SC, 5% for GCH,3% for PH & 3% for Exserviceman

8. DISTRIBUTION OF SEATS

| CATEGORY | 10% MALE | FEMALE | UR | | ST | | SC | | PH | | EX- SERV | /ICE | GCH | | SUB TOTA | A L | TOTAL |
|-------------|-------------|--------|----|---|----|---|----|---|----|---|-------------|------|-----|---|-------------|------------|-------|
| | QUOTA | | M | F | M | F | M | F | M | F | M | F | M | F | M | F | |
| In- Service | 1 | 9 | 1 | 4 | 0 | 3 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 9 | 10 |
| Direct | 1 | 9 | 1 | 5 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 9 | 10 |
| Total | 2 | 18 | 2 | 9 | 0 | 5 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 18 | 20 |

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.

Note:-

- ❖ In-Service candidates: Those who are regular / contractual Govt. Servant against Finance concurrence posts.
- Direct candidates: Fresh candidates after GNM Pass & registered under Odisha Nursing Midwives Board (ONMEB).

9.COUNSELLING OVERVIEW:-

- The Date, Time & Venue of the counseling will be notified in the official website of the Directorate of Nursing www.nursingodisha.nic.in & www.dmetodisha.gov.in
- Intimation letter will be sent to the candidate in his/her address.
- In case the candidate fails to receive the intimation by post, he/she may collect a copy from the Convenor (Director-cum-Medical Superintendent, MHI, SCBMCH, Cuttack) in any working day between 10:00 A.M- 5:00 P.M during the pre-counseling period
- 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 2016-17.
- Counseling and admission against reserved category will be done at beginning

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

N.B: Candidates may 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 into the Post Basic Diploma in Psychiatric Nursing course:-

| SLNO | FEES | FOR COURSE |
|------|--------------------------|------------------------|
| 1. | Admission / Tuition fees | Rs.10,000/- |
| 2. | Library fee | Rs. 250/- |
| 3. | Laboratory fee | Rs. 100/- |
| 4. | Identity card | Rs. 150/- |
| 5. | Caution money | Rs. 500/- (refundable) |
| 6. | Recognition fees | Rs. 500/- |
| | TOTAL | Rs. 11,500/- |

- 1. This excludes payments for purchase of required books & Uniform.
- 2. Electricity charges from the boarders of the Hostel will be collected as per actual consumption.
- 3. Water charges will be collected as per the Govt. Rule.

11.HOSTEL:-

Hostel is under construction and till completion of the hostel the candidates have to arrange their own accommodation. After the completion of construction of hostel, the fees for electric, water & messing will be charged extra as per the institution rule.

12. UNIFORM:-

Selected Female candidates are to bring Mehendi Colour Saree & White Apron

Selected Male candidates are to bring **Black Pant & White Shirt with** White Apron

13. LEAVE:

- Leave applicable as per Govt. & INC norm..
- Students will be allowed 15 days C.L during an Academic Year.

14. THEORY & PRACTICAL:-

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

15. STIPEND:

For Direct Candidates:-

To be notified as per Government order from time to time.

For In-Service Candidates:-

As per the Govt. Order vide letter 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 & Convenor shall be final.

APPENDIX - I

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

| (Affiliated to | <u>)</u> |
|--|------------------------|
| (APPLICATION FOR SELECTION INTO ONE YEAR F IN PSYCHIATRIC NURSING COURSE-2016-17) | POST-BASIC DIPLOMA |
| (For office use only) | |
| (i) Course: Post-Basic Diploma in Psychiatric Nursing | SPACE FOR PHOTOGRAH |
| (ii) Academic Session: 2016-17 - | |
| (iii) Application No :- | |
| (iv) Code No :- | |
| (To be filled in by the Candida | te) |
| 01. Name (in block letters) - | <u></u> |
| | |
| 02. Gender (M/F) – | |
| 03. Designation – | |
| 04. Date of birth as recorded in HSC or Equivalent Pass Cert | ificate - |
| 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 | |
| DistStat | e |

| No. | 1 ost Held | From To | | ·····8 | iomi i ciiou | |
|--------|---------------------------|-------------------------|-------------------|--------|---------------------------|----|
| Sl. | Attach certifi Post Held | cates from the competen | t authority on ch | | gical order Total Period | |
| 19 Pa | rticulars of Se | rvice | | | | |
| 18. P | ayments detai | l: Amount D.D No | Σ | Date | // | _/ |
| 17. T | N.A.I. memb | ership number:-No | | Date_ | / | _/ |
| 16. R | egistration Nu | mber of Midwifery: - No |)/ | Date | // | _/ |
| 15. C | ategory | | / | | | |
| 14. M | Iarital Status - | | / | | | |
| 13. N | ationality | / | | | | |
| 12. R | eligion – | / | | | | |
| 11. E | mail Address: | | | | | |
| Mobi | le No | | | | | |
| Dist_ | | State | PIN | | | |
| 10. Pı | resent Address | s of Correspondence:- A | t | | .Po | |
| Mobi | le No | / | | | | |
| Dist_ | | State | P | 'IN | | |
| 09. P | ermanent Hon | ne Address:- At | P | 'o | | _ |
| | | | | | | |

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

| Sl. Po | Post Held | ost Held Period | | Place of Posting | Total Period | |
|--------|-----------|-----------------|----|------------------|--------------|--|
| | | From | То | | | |
| 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 turpitude.

| Signatu | re of the | applicant | in full. |
|---------|-----------|-----------|----------|
| Date | / | / | / |

<u>APPENDIX – II</u>

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

| I Sri/Miss/Smt | Name of the |
|------------------------------------|--|
| Local Guardian (Address of the I | Local Guardian) |
| Undertake to act as the Local Gua | ardian of Miss/Smt./Sri |
| | Daughter/Wife/Son/Ward of |
| Sri/Smt | · |
| | in the Department of Psychiatric Nursing, Mental |
| I also undertake to act on b | pehalf of the parents / husband of the said |
| candidate during the period of stu | ady in the Department of Psychiatric Nursing, |
| MHI, SCBMCH, Cuttack, for wh | nich I have been empowered by the parent / |
| guardian / husband of the said ca | ndidate. |
| I further undertake to take | custody of the above candidate if and when |
| required by the Institution author | ities and to ensure that the she / he maintain |
| the academic discipline and good | conduct during the period of study. |
| | |
| Place | Signature in full of the Local Guardian |
| Date | |
| | |

16

ATTESTATION BY PARENT/HUSBAND/GUARDIAN

| The above undertaking has been signed in my presence of, I empower Sri/Smt./ | | | | | | |
|--|---|--|--|--|--|--|
| | 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

Form of certificate of Scheduled Caste and Scheduled Tribe Candidates

| This is to certify that Smt./Sri/Miss | | | | | daughter/Son/Wife | | | | |
|---------------------------------------|----------------|-----------|---------------|---------|-------------------|--------------|----------|-------|--|
| of Shri | | | Village | e | | | | | |
| Town | | Thana | |] | Dist_ | | b | elon | |
| ging to the | | | Caste / Tribe | / Sub-c | aste | which is rec | ognized | as a | |
| Scheduled | Caste/Tribe | under the | (Scheduled | Caste | and | Scheduled | Tribe) | lists | |
| modification | on orders of 1 | 986. | | | | | | | |
| Smt | | | | | _and | or her fami | ly ordin | arily | |
| | | | P.O | | | Dist | | / | |
| | | | | | | | | | |

Signature of the Competent Authority.

Please delete the words which are not applicable

Competent authority: - District Magistrate/Additional District Magistrate/Sub-Divisional Magistrate/ Tahasiladar/Additional Tahasiladar.

APPENDIX- IV

$\frac{\text{CERTIFICATE OF PHYSICAL FITNESS IN RESPECT OF SELECTED}}{\text{CANDIDATES}}$

FOR ADMISSION INTO THE POST BASIC DIPLOMA IN PSYCHIATRIC NURSING COURSE – 2016-17.

| Name of the Candidate in full | | | | Weight |
|---|-------------------------------|---------------------------------|-----------------------------------|---------------------------------------|
| Age | | | | |
| Heart | | | | |
| Lungs | | Spleen | | Blood Pressure |
| Blo | od Group _ | | Please in | dicate if Pregnant |
| | (In-case | e of Female | Candidates) | Date of L.M.P. |
| | | | | |
| Previous Medical History | , if any | | | |
| Personal Marks of Identit | fication | | | |
| 1 | | | | |
| 2 | | | | |
| I certify that I have exartshe /he has any diseases, that the candidate is pleasychiatric Nursing Cout. | constitution hysically / 1 | nal weakness of mentally fit | or bodily infirm to undergo Po | nity and I consider ost Basic Diploma |
| SIGNATURE OF THE CANDIDATE | | Signature | & Seal of Med | ical Officer |
| | | Govt. of C | Odisha. | |
| | | Designation | on – | |
| | | 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.

<u>APPENDIX – III</u>

FORM NO.III

(The Odisha Miscellaneous Certificate Rules, 1984) Office of the

| Miscellaneous | s Certificate Ca | ase Noof | · | |
|--|------------------|---|--------------------|--|
| | RESIDENT | NATIVITY CERTIFICATE | | |
| This is to certify that | Shri/Smt./Mis | ss | | |
| son/daughter/wife of | Shri | | | |
| is a native of the | | | | |
| in the Dist of | | in th | ne State of Odisha | |
| and he/she, his/her fa | amily ordinaril | y resides in Village/Town: | | |
| PS Ta | ahsil | in the District of | in the State | |
| of Odisha for the per | riod from | to | | |
| The certificate is gra | nted only for t | he purpose of higher study. | | |
| Full Signature of the Ap | pplicant | Signatu | are of the Revenue | |
| Date:// | | Date: _ | // | |
| Round Seal of the ((With Seal of the O | | | Designation | |
| | | ns the Chief Officer-In-C strict, Sub-division or Tahs | _ | |

Additional District Magistrate and Additional Tahasildar.

THE INSTITUTE & COURSE OVERVIEW

INTRODUCTION:

As Medical School from 1910 and Medical College from 1944, S.C.B. Medical College, Cuttack has undergone various transformations and progressed well to cater to the needs of Odisha and adjacent states as a tertiary medical care institution.

Mental Health Institute (M.H.I.), S.C.B. Medical College and Hospital, Cuttack, earlier managed by Red Cross Society since 1961, was brought under the control of State Government from 01.04.1966. M.H.I. under the administrative control of Director Health Services, Odisha, and Department of Psychiatry which functions in M.H.I. under the administrative control of Director Medical Education and Training, Odisha led to functional inconvenience because of dual administration. Government after careful consideration have been pleased to decide to bring M.H.I. under the administrative control of Director, Medical Education and Training, Odisha (No. DC & MA (MH)-16/2012/34082/H. Dated 28.12.2012).

M.H.I., S.C.B. M.C.H, Cuttack has been upgraded to Centre of Excellence in Mental Health during 2010 under the National Mental Health Programme - Man power Development Scheme. Three new departments like Department of Clinical Psychology, Psychiatric Social Work and Psychiatric Nursing have been opened in addition to the existing department of Psychiatry in M.H.I. to create man-power in Mental Health., M.H.I., S.C.B. M.C.H, Cuttack, is the premier institute for the care of mentally ill over last five decades.

INSTITUTE AUTHORITIES & HEAD OF DEPARTMENTS

• Dean & Principal - Prof. Dr. Siddharth Das

S.C.B. Medical College, Cuttack

• Director-cum-Medical Superintendent - Prof. Dr. Neel Madhav Rath

M.H.I., S.C.B. M.C.H. Cuttack

H.O.D. Clinical Psychology
 Dr. Jashobanta Mahapatra

M.H.I., S.C.B. M.C.H. Cuttack

Public Information Officer
 Dr Sarada Prasanna Swain

DISCIPLINES & FACULTIES

1. Psychiatry: Prof. & H.O.D - Dr. Neel Madhav Rath

Associate Prof. - Dr. S. P Swain

Assoc. Prof. - Dr. Mihir Ranjan Nayak Asst. Prof. - Dr. Bhakta Bandhu Das

2. Clinical Psychology: Asso. Prof. & H.O.D Dr. Jashobanta. Mahapatra

Asst. Prof. - Dr. Pratiti Pattnaik

3. Psychiatric Social Work: Asso. Prof & H.O.D- Vacant

Asst. Prof - Miss Mamtarani Swain

4. Psychiatric Nursing: Asst. Prof. - Dr. Sikandar Kumar

Tutor - Miss. Kalyani Moharana

Mrs.Sandhyarani Behera

SERVICES AND FACILITIES

- 1. Out Patient Department (OPD) functions from 9 am to 5 pm every day except Sunday.
- 2. Emergency services during non-OPD hours.
- 3. Indoor facilities with 120 beds separate for males and females.
- 4. Free drug supply.
- 5. Modified ECT.
- 6. Psychological testing.
- 7. Counseling & Psychotherapeutic services.
- 8. De-addiction unit and OST Clinic.
- 9. Community out-reach programme.
- 10 Library (e-library facility to be installed soon)
- 11 Training facilities for Medical and Paramedical Staff of DMHP.

12 Training facilities for interns from different Universities/Institutions.

AIMS & OBJECTIVES

Aims:

At the end of the course the student will be able to develop an understanding of philosophy, principles, methods and issues, management, education and research in Mental Health Nursing.

Objectives

At the end of the course, the student will be able to

- 1. Describe the concepts and principles of Psychiatric / Mental Health Nursing
- 2. Demonstrate therapeutic skills of Inter Personal Relationships Communication and counseling.
- 3. Demonstrate skill in providing psychiatric nursing care.
- 4. Provide emergency psychiatric nursing care and crisis intervention.
- 5. Apply nursing process in caring of psychiatric patients.
- 6. Participates effectively as a member of the health team.
- 7. Participate actively in preventive and promotive strategies of mental health care with special reference to at risk and vulnerable groups.
- 8. Organize and demonstrate skills in management of psychiatric nursing services including rehabilitation units.
- 9. Make a plan for organization of psychiatric /mental health nursing
- **10.** Teach and supervise nurse, allied health workers family and community.
