

FORM-A

[See rule 10]

Information on the Activities of the State Authority/Board

1. New Regulations notified:
2. Number of orders passed during the year:
3. Meetings held during the year:
4. Number and details of mental health establishments under the control of the State Government:
5. Number and details of mental health establishments in the State or Union Territory:
6. Registration of mental health professionals by the State Authority:
7. Statement on references received from the Central Government and the State Government and action taken thereon:
8. Quality and service provision norms for different types of mental health establishments under the State Government:
9. Training imparted to persons including law enforcement officials, mental health professionals and other health professionals about the provisions and implementation of the Mental Healthcare Act, 2017:
10. Applications for registration of mental health establishments received, accepted and rejected along with reasons for such rejection:
11. Audit of Mental Health Establishments along with audit reports:
12. Complaints received regarding violation of rights of Mentally ill persons and action taken thereon:
13. Details regarding guidance document for medical practitioners and mental health professionals:
14. Number of cases registered regarding Sexual Harassment of Women at Workplace under section 22 of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 and details thereof:
15. Details of inspection and inquiry of Mental Health Establishments:
16. Number of appeals to High Court against order of Authority and status thereof.
17. Complaints received regarding deficiencies in provision of services and action taken thereon:
18. Stakeholders Consultations:
19. Inquiry initiated by the Authority/Board:
20. Administration and establishment matters:
21. Budget and Accounts with details including balance sheet, income and expenditure account, etc.:
22. Any other matter which may be relevant:

FORM-B

[See rules 11(2) and 12]

Application for Grant of Provisional Registration/Renewal of Provisional Registration of a Mental Health Establishment

To

The.....

Department of
 State Government of

Dear Sir/Madam,

I/We intend to apply for grant of provisional registration/permanent registration/renewal of provisional registration for the Mental Health Establishment namely of which I am/we are holding a valid licence/registration for the establishment/maintenance of such hospital/nursing home.

Details of the hospital/nursing home are given below:

1. Name of applicant
2. Details of licence with reference to the name of the authority issuing the licence and date
3. Age
4. Professional experience in Psychiatry
5. Permanent address of the applicant
6. Location of the proposed hospital/nursing home
7. Address of the proposed nursing home/hospital
8. Proposed accommodations
 - (a) Number of rooms
 - (b) Number of beds
 - (c) Facilities provided
 - (d) Out-patient
 - (e) Emergency services
 - (f) In-patient facilities
 - (g) Occupational and recreational facilities
 - (h) ECT facilities (nX-Ray facilities
 - (i) Psychological testing facilities
 - (j) Investigation and laboratory facilities
 - (k) Treatment facilities

Staff pattern:

- (a) Number of doctors
- (b) Number of nurses
- (c) Number of attendees
- (d) Others

I am herewith sending a bank draft for Rs. drawn in favour ofas application fee.

I hereby undertake to abide by the rules and regulation of the Mental Health Authority.

I request you to consider my application and grant the licence for establishment/maintenance of psychiatric hospital/nursing home.

Yours faithfully

Signature

Name

Date