

[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

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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 (n X-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 of..... as 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.....

Note: *This Application Form is Standard Format, as given in SMHA Rules 2018, prescribed by the Govt. of India and we cannot modify the same. You may please provide additional information, if any, as per the Minimum Standards, approved & notified by the GNCT of Delhi.*