

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 State Mental Health Authority, Madhya Pradesh

National Health mission,

Ring road no 3

Opposite Patrakar Coloney

Bhopal 462003

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 license /registration for the establishment/ maintenance of such hospital / nursing home. Details of the hospital/nursing home are given below:

1. Name of applicants
2. Details of license with reference to the name of the authority issuing the license 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 (n X-Ray facilities):

- (i) Psychological testing facilities;
- (j) Investigation and laboratory facilities:
- (k) Treatment facilities staff pattern:

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 favor 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 license for establishment/maintenance of psychiatric hospital/nursing home.

Yours faithfully

Signature

Name

Date