



**Commissionerate of Health Services  
Government of Maharashtra  
Maharashtra State Mental Health Authority (MSMHA)**



**Nomination of non-ex-officio members to  
“Mental Health Review Boards”(MHRBs)**

Applications are invited for nomination of **non-ex-officio members** to the 16 “Mental Health Review Boards” under section 73 & 74 of the Mental Health Care Act 2017.

**Non-ex-officio member in each Mental Health Review Board include-**

**Table -1**

Sr. No.	Composition of MHRB	Designation	Qualification/Criteria	No. of Post	Term of office & Maximum Age
1.	Psychiatrist from district/circle not in govt. service	Member	Medical Practitioner having Post-Graduate Degree or Diploma in Psychiatry by a university recognized by the UGC or by National Board of Examinations (NBE) or by Medical Council of India with at least 15 years' experience in field.	1	5 Years from the date of Nomination. Member shall not hold office as such after he/she has attained the age of Seventy Years.
2.	Medical Practitioner from district/circle not in govt. service	Member	Medical Practitioner means a person who possesses the recognized medical qualification – (i) as defined in clause (h) of section 2 of the Indian Medical Council Act, 1956, and whose name has been entered in the State Medical Register, as defined in clause (k) of that section; or (ii) as defined in clause (h) of sub-section (1) of section 2 of the Indian Medicine Central Council Act, 1970 , and whose name has been entered in a State Register of Indian Medicine, as defined in clause (j) of sub-section (1) of that section; or (iii) as defined in clause (g) of sub-section (1) of section 2 of the Homoeopathy Central Council Act, 1973 , and whose name has been entered in a State Register of Homoeopathy, as defined in clause (i) of sub-section (1) of that section;  With at least 15 years' Experience in field.	1	

3.	Two members who shall be persons with mental illness or care-givers or persons representing organizations of persons with mental illness or care-givers or non- governmental organizations working in the field of mental health.	Member	Person who resides with a person with mental illness and is responsible for providing a care to that person and includes a relative or any other person <b>OR</b> person representing organization of persons with mental illness or care-givers <b>OR</b> representatives of registered Non-Governmental Organization with 10 years' experience in the field of Mental Health	2	
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**Mental Health Review Boards, included district in each MHRB and Deputy Director office details as follows-**

**Table-2**

<b>Sr. No.</b>	<b>Name of MHRB</b>	<b>Districts included in MHRB</b>	<b>Application to be submitted to Deputy Director, Health Services</b>	<b>Contact No.</b>	<b>Email ID</b>	<b>Postal Address</b>
1	Mumbai	1) Mumbai City 2) Mumbai Suburban	Deputy Director , Thane	022-25823448	ddhsthane@gmail.com ddhsthane@rediffmail.com	Deputy Director, Health Services, Thane. Regional Mental Hospital Premises, Thane (West)- 400604
2	Thane	1)Thane 2) Palghar 3) Raigad	Deputy Director , Thane	022-25823448	ddhsthane@gmail.com ddhsthane@rediffmail.com	Deputy Director, Health Services, Thane. Regional Mental Hospital Premises, Thane (West)- 400604
3	Nashik	1) Nashik 2) Ahilyanagar	Deputy Director ,Nashik	0253-2592272	ddhsnsk@rediffmail.com	Deputy Director, Health Services, Nashik. Government Regional Referral Hospital Campus, Indira Gandhi Chauk Shalimar Chauk, Nashik – 422001
4	Dhule	1) Dhule 2) Nandurbar 3) Jalgaon	Deputy Director , Nashik	0253-2592272	ddhsnsk@rediffmail.com	Deputy Director, Health Services, Nashik .Government Regional Referral Hospital Campus, Indira Gandhi Chauk Shalimar Chauk, Nashik – 422001

5	Pune	1)Pune	Deputy Director , Pune	020-26126870	ddhspunecircle@gmail.com Ddhs.pune-mh@gov.in	Deputy Director, Health Services, Pune, New Administrative Building, 3rd Floor, Room No. 301, Opp. Vidhanbhvan, Pune- 411001
6	Solapur	1) Solapur 2) Satara	Deputy Director , Pune	020-26126870	ddhspunecircle@gmail.com Ddhs.pune-mh@gov.in	Deputy Director, Health Services, Pune, New Administrative Building, 3rd Floor, Room No. 301, Opp. Vidhanbhvan, Pune- 411001
7	Kolhapur	1) Kolhapur 2) Sangli	Deputy Director , Kolhapur	0231-2659901	ddhs_kop@yahoo.co.in ddhskol@rediffmail.com	Deputy Director, Health Services, Kolhapur .Central Building, Kasba Bawada Road, Near D.S.P. Office, Kolhapur- 416003
8	Ratnagiri	1) Ratnagiri 2) Sindhudurg	Deputy Director ,Kolhapur	0231-2659901	ddhs_kop@yahoo.co.in ddhskol@rediffmail.com	Deputy Director, Health Services, Kolhapur Central Building, Kasba Bawada Road, Near D.S.P. Office, Kolhapur- 416003
9	Chh.Sambhaji Nagar	1) Chh.Sambhaji Nagar 2) Jalna	Deputy Director , Chh.Sambhajinagar	0240-2334049	ddhs.aurangabad-mh@gov.in ddhsabad@rediffmail.com	Deputy Director, Health Services, Chatrapati Sambhaji Nagar. Mahavir Chauk, Near Baba Petrol Pump, Railway Station Road, Arogya Sankul, 1st Floor, Chatrapati Sambhaji Nagar- 431001
10	Parbhani	1) Parbhani 2) Hingoli	Deputy Director , Chh.Sambhajinagar	0240-2334049	ddhs.aurangabad-mh@gov.in ddhsabad@rediffmail.com	Deputy Director, Health Services, Chatrapati Sambhaji Nagar. Mahavir Chauk, Near Baba Petrol Pump, Railway Station Road, Arogya Sankul, 1st Floor, Chatrapati Sambhaji Nagar- 431001
11	Latur	1) Latur 2) Nanded	Deputy Director , Latur	02382- 220311/ 249183	ddhslatur2008@yahoo.com ddhsest12@rediffmail.com	Deputy Director, Health Services, Latur . Arogya Sankul, Shaskiya Vasahat, Barshi Raod, Latur- 413512
12	Beed	1) Beed 2) Dharashiv	Deputy Director , Latur	02382-220311 249183	ddhslatur2008@yahoo.com ddhsest12@rediffmail.com	Deputy Director, Health Services, Latur. Arogya Sankul, Shaskiya Vasahat, Barshi Raod, Latur- 413512

13	Akola	1) Akola 2) Buldhana 3) Washim	Deputy Director , Akola	0724-2410764	ddhsako@rediffmail.com	Deputy Director, Health Services, Akola .Pradeshik Arogya Bhavan, District Women Hospital campus, Akola- 444001
14	Yavatmal	1)Yavatmal 2) Amravati	Deputy Director , Akola	0724-2410764	ddhsako@rediffmail.com	Deputy Director, Health Services, Akola. Pradeshik Arogya Bhavan, District Women Hospital campus, Akola- 444001
15	Nagpur	1) Nagpur 2) Wardha 3) Bhandara	Deputy Director ,Nagpur	0712-2465988	ddhsngp@gmail.com ddhsngp@rediffmail.com	Deputy Director, Health Services, Nagpur . Shradhanand Peth, Mata Kacheri Compound, Near Diksha Bhoomi, Nagpur- 440022
16	Gadchiroli	1) Chandrapur 2) Gondia 3) Gadchiroli	Deputy Director ,Nagpur	0712-2465988	ddhsngp@gmail.com ddhsngp@rediffmail.com	Deputy Director, Health Services, Nagpur, Shradhanand Peth, Mata Kacheri Compound, Near Diksha Bhoomi, Nagpur- 440022

Interested candidates fulfilling the above given criteria should submit their application in the Office of **Deputy Director, Health Services, Thane/Kolhapur/Nashik/Pune/Chh.Sambhajinagar/Latur/Akola/Nagpur** for the respective MHRB in person or via email. Application should be submitted in the given format along with self-attested copies of all relevant documents to prove the eligibility as per the Mental Health Care Act 2017 .**Last date of receipt of Application will be 01/05/2026 till 06:15 pm. Applications received after the last date will not be considered.** All future correspondence will be sent via Email only.

Sd/  
**Chief Executive Officer**  
**State Mental Health Authority, Maharashtra**



**Commissionerate of Health Services, Mumbai**

**Maharashtra State Mental Health Authority**

**Mental Health Review Board (MHRB)**

PHOTO

**APPLICATION FORM**

*(All fields in the forms are mandatory to be filled. An incomplete form submitted will be treated as rejected.)*

Name of Mental Health Review Board (MHRB) Applied For:			
Name of Category applied for:			
Name:			
Father's / Husband's Name:			
Date of Birth (DD/MM/YYYY):		Blood Group:	Gender:
Marital Status: (Married/Unmarried)		Nationality:	Category:

Address / Contact Details: (Name of the District and Pin code is compulsory)

Address (Present/Correspondence):	
E-mail Id for Correspondence:	Mobile No:

Academic / Professional Education Summary: (Starting from most recent)

From (MM/YY)	To (MM/YY)	Degree / Diploma	University / Institute	Specialization / Subjects	Final Year Total Marks & Obtained Marks	Final Year Percentage

**Work / Experience Summary: (Starting from current / most recent)**

<b>Sr. No.</b>	<b>From (MM/YY)</b>	<b>To (MM/YY)</b>	<b>Organization</b>	<b>Designation</b>	<b>Responsibilities (Min. 30 and Max. 50 Words)</b>
<b>Total Experience (In Years &amp; Months):</b>					

**Declaration:**

I hereby declare that all statement made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or I do not satisfy the eligibility criteria my candidature will be cancelled, without assigning any reason thereof. I have read the content of the advertisement and agree to abide by the rules, regulations and procedures for appointment to the post applied for.

Name:-

Place:-

Date:-

Signature

**Disclaimer:**

The applicants are required to submit the duly filled application on or before the due date and time, failing which the application of the said applicant shall be treated as non-responsive. State will not be responsible for late receipt or non-receipt of application/ s for any technical reason or whatsoever. The applications received after due date and time shall not be considered.