

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 Chief Executive Officer.
Haryana State Mental Health Authority

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 (n X-Ray facilities :
- (i) Psychological testing facilities:
- (j) Investigation and laboratory facilities:
- (k) Treatment facilities:

9. Staff pattern:

- (l) Number of doctors .
- (m) Number of nurses .
- (n) Number of attendees , .
- (o) 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 and address _____

Mobile Number _____

Email _____