GOVERNMENT OF HARYANA
DIRECTORATE OF HEALTH SERVICES
STATE MENTAL HEALTH AUTHORITY, HARYANA
Swasthya Bhawan, Sector-6, Panchkula
PUBLIC NOTICE

Invitation of Applications for Nomination of Members of Mental Health Review Boards (MHRBs) in each district of Haryana

Applications are invited from eligible Indian citizens for appointment as Members of the Mental Health Review Boards (MHRBs) to be constituted in each district of Haryana under Section 74 of the Mental Healthcare Act, 2017 and the Mental Healthcare (Central Mental Health Authority and Mental Health Review Boards) Rules, 2018.
The nominations shall be made by the Chairperson, State Mental Health Authority, Haryana, on the basis of merit.

Vacancies
Applications are invited for the following categories of members in each district of Haryana:

Category	**Number of Posts**
Psychiatrist	1
Medical Practitioner	1
Person with Mental Illness / Caregiver / Representative of Organisation of Persons with Mental Illness / Registered NGO working in Mental Health	2

Eligibility Criteria

A. General Eligibility

Applicants must:

1) Be an Indian Citizen.
2) Not have attained the age of 70 years on the last date of application.
3) Fulfil the qualifications and experience prescribed under the Mental Healthcare Act, 2017 and the Mental Healthcare Rules, 2018.

B. Category-wise Eligibility

1. Psychiatrist (One Post)

The applicant should:

a) Possess a Postgraduate Degree or Diploma in Psychiatry recognized under the Mental Healthcare Act, 2017.
b) Be registered with the Haryana Medical Council.

2. Medical Practitioner (One Post)

The applicant must possess a recognized qualification under:

a) National Medical Commission/Medical Council provisions; or
b) Indian Systems of Medicine (AYUSH); or
c) Homoeopathy,

and should be registered with the respective State Haryana Council/Board.

3. Persons with Mental Illness / Caregiver / NGO Representative (Two Posts)

Applicants may belong to any one of the following categories:

a) Person with Mental Illness;
b) Caregiver of a Person with Mental Illness;
c) Representative of an Organisation of Persons with Mental Illness;
d) Representative of a Registered Non-Governmental Organisation working in the field of Mental Health.

Additional requirements:

1) NGOs/Organisations must be registered under the Haryana Registration and Regulation of Societies Act, 2012 or any other applicable law.
2) Caregivers should possess a recognised caregiver training course/certificate from any recognised institution in India.

Disqualifications

A person shall not be eligible if he/she:

1) Has been convicted of an offence involving moral turpitude;
2) Has been adjudged insolvent;
3) Has been removed or dismissed from Government service;
4) Has any financial or other interest likely to prejudice the discharge of duties;
5) Holds any office in a political party during the tenure;
6) Has any full-time or part-time assignment preventing adequate discharge of duties of the Board;
7) Is otherwise disqualified under the Mental Healthcare Act, 2017 or Rules framedthereunder.

Tenure

The Members shall hold office for:Five (5) years or up to the age of 70 years, whichever is earlier, and shall be eligible for reappointment in accordance with the applicable Rules.

Selection Procedure

Applications shall be scrutinised by the Chief Executive Officer, State Mental Health Authority, Haryana. Eligible candidates shall be shortlisted and placed before the Chairperson, State Mental Health Authority for final selection.

How to Apply

Applications may be submitted through either of the following modes:

1. Online: Email the duly filled application form along with self-attested supporting documents to ddcharyana2024@gmail.com
2. The application format to be filled can be downloaded from https://haryanahealth.gov.in/
3. Offline: Send the completed application form with self-attested copies of all supporting documents to:

Chief Executive Officer
State Mental Health Authority, Haryana
Room No. 219,
Directorate of Health Services,
Swasthya Bhawan, Sector-6, Panchkula – 134109

Documents Required

Applicants shall submit self-attested copies of:

- Proof of Date of Birth
- Aadhaar Card
- Educational Qualifications
- Professional Registration Certificate
- Experience Certificates
- Category-specific supporting documents
- Registration Certificate of NGO/Organisation (where applicable)

- Caregiver Training Certificate (where applicable)
- Recent Passport-size Photograph
- Any other relevant document

Last Date for Submission: 11th September 2026, 5:00 PM
Applications received after the due date or found incomplete shall not be considered.
Important Instructions

1. Appointment does not confer any right of permanent Government employment.
2. Mere fulfilment of eligibility conditions does not guarantee selection.
3. The Chairperson, State Mental Health Authority, Haryana reserves the right to accept or reject any application without assigning any reason.
4. The decision of the State Mental Health Authority shall be final in all matters relating to the selection.

Chief Executive Officer
State Mental Health Authority, Haryana

APPLICATION FORM

For Appointment of Members of Mental Health Review Boards (MHRBs), Haryana

(Under Section 74 of the Mental Healthcare Act, 2017 and the Mental Healthcare (Central Mental Health Authority and Mental Health Review Boards) Rules, 2018)

1. District Applied For

District: _____

2. Category Applied For (✓ Tick only one)

☐ Psychiatrist

☐ Medical Practitioner

☐ Person with Mental Illness

☐ Caregiver

☐ Representative of Organisation of Persons with Mental Illness

☐ Representative of Registered NGO working in the field of Mental Health

PART A : PERSONAL DETAILS

1. Full Name (in BLOCK LETTERS) _____

2. Father's / Mother's / Spouse's Name _____

3. Date of Birth ___/_____/_____

4. Age (as on last date of application) _____ Years

5. Gender

☐ Male

☐ Female

☐ Transgender

6. Nationality _____

7. Aadhaar Number _____

8. Mobile Number _____

9. Email ID _____

10. Correspondence Address

_____

_____

PIN Code _____

11. Permanent Address

_____

_____

PIN Code _____

PART B : EDUCATIONAL QUALIFICATIONS

Examination	Board/University	Year	Marks/Grade
Graduation			
Post Graduation			
Diploma			
Other			

PART C : PROFESSIONAL DETAILS

Present Occupation _____

Present Designation _____

Organization _____

Total Professional Experience

_____ Years _____ Months

PART D: CATEGORY-SPECIFIC DETAILS

A. For Psychiatrist

1. MD/DNB/DPM Psychiatry _____
2. Registration Number (Haryana Medical Council) _____
3. Years of Experience in Psychiatry _____

B. For Medical Practitioner

Qualification

☐ MBBS

☐ BAMS

☐ BHMS

☐ BUMS

☐ Other _____

Registration Number _____

State Council _____

Years of Experience _____

C. For Person with Mental Illness

Have you been diagnosed with Mental Illness as defined under the Mental Healthcare Act, 2017?

☐ Yes

☐ No

(If Yes, attach supporting certificate.)

D. For Caregiver

Name of Person with Mental Illness _____

Relationship _____

Have you completed a recognised Caregiver Course?

☐ Yes

☐ No

If Yes, Name of Institution

E. For NGO/Organisation Representative

Name of Organisation _____

Registration Number _____

Date of Registration _____

Nature of Work _____

Designation in Organisation _____

Years of Experience in Mental Health_____

PART E : EXPERIENCE IN MENTAL HEALTH

Describe your experience in Mental Health Services, Patient Care, Rehabilitation, Advocacy, Research or Community Mental Health.

_____

_____

_____

PART F : DECLARATION REGARDING DISQUALIFICATIONS

Please tick the appropriate option.

I hereby declare that:

☐ I am an Indian Citizen.
☐ I am below 67 years of age.
☐ I have not been convicted for any offence involving moral turpitude.
☐ I have not been declared insolvent.
☐ I have not been removed or dismissed from Government service.
☐ I do not hold any office in a political party.
☐ I do not have any financial or other interest likely to prejudice my functioning as Member of the Board.
☐ I am able to devote adequate time for functioning of the Mental Health Review Board.
☐ The information furnished by me is true and correct.

PART G : DOCUMENTS ENCLOSED

Please tick the documents enclosed.

☐ Passport Size Photograph
☐ Aadhaar Card
☐ Proof of Date of Birth
☐ Educational Certificates
☐ Registration Certificate (Medical Council)
☐ Experience Certificates
☐ Caregiver Certificate (if applicable)
☐ NGO Registration Certificate (if applicable)
☐ Mental Illness Certificate (if applicable)
☐ Any Other _____

DECLARATION

I hereby declare that the information furnished in this application is true, complete and correct to the best of my knowledge and belief. I understand that any false information or suppression of facts shall render my candidature liable to rejection at any stage. I also undertake to abide by the provisions of the Mental Healthcare Act, 2017, the Rules framed thereunder, and any instructions issued by the State Mental Health Authority, Haryana from time to time.

Place: _____
Date: ____ /____ /_____
Signature of Applicant

Name of Applicant

_____

For Office Use Only

Application No.: _____
Date of Receipt: _____
Documents Verified: Yes / No
Eligible / Not Eligible
Remarks:

Verified by: _____