Application form for Registration of Mental Health Professionals*

UTTARAKHAND STATE MENTAL HEALTH AUTHORITY

Affix Passport size photograph

1. Name of applicant (in block letters)

…… …… ……

2. FATHER/HUSBAND Name …….

3. Sex (M/F) ……

4. Adhar Card No. (optional)……..

5. Mobile No. ……

6. Email ID ……..

7. Address a. Official ……..

……

b. Residential ……

8. Details of Professional Qualification of Mental Health Professional (psychiatrist, Clinical Psychologist, Mental health Nurse, Psychiatric social worker)

a. Graduation : Name of degree ……name of college with address……year of passing……

b. Post Graduation : Name of degree ……name of college with address……year of passing……

9. Details of Provisional /permanent Registration, if any with any other Council

a. Registration number ……

b. Registration Council name/Society name ……

c. validity of registration if any……

10. Any other supporting document (i) ……

(ii) ……

Date: **(signature of applicant)**

***** Mental health professionals:- Clinical Psychologist, Mental Health Nurse, Psychiatric Social Worker & Psychiatrists of all Pathies (allopathy, homeopathy, Ayurveda and naturopathy) .

Note (1): Kindly attach self-attested Photograph, Photo copies of 1: Aadhar Card 2: Address Proof 3: Degree Certificate 4: Post Graduate Degree Certificate 5: Registration Certificate.

(2): Application can be sent both online & Offline:

Online: Send mail along Pdf of self-attested copies to mail ID: smhauthority007@gmail.com.

Offline: Chief Executive Officer, State Mental Health Authority, Dehradun, Uttarakhand.

Address: Room no. 47, Office of the Director General, Medical Health & FW, Uttarakhand Dehradun, Danda Lakhond, PO Gujrara, Sahastradhara Road, Dehradun. contact no. Tel:0135-3506204.