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

सत्यमेव जयते

Applications are invited for nomination of **Non-ex-officio members** to the **"State Mental Health Authority"** under section 45 & 46 sub-section (1) of The Mental Health Care Act 2017 in the various categories as mentioned in the given table.

Sr. No.	Composition of State Authority	Designation	Qualification / Criteria	No. of post	Terms of Office & Maximum Age
1.	Eminent Psychiatrist from the State 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	3 Years from the date of Nomination . Member shall not hold office as such after he/she has attained the age of Seventy Years.
2.	Mental Health Professional	Member	Post – Graduate degree (Ayurveda) in Mano Vigyan Avum Manas Roga or Post Graduate Degree (Homeopathy) in Psychiyatry or Post-Graduate Degree (Unani) in Moalijat (Nafasiyatt) or a Post-Graduate Degree (Siddha) in Sirappu Maruthuvam with at least 15 years' Experience in field.	1	
3.	Psychiatric Social Worker	Member	Post-Graduate degree in Social Work & a Master Degree of Philosophy in Psychiatric Social Work obtained after completion of a full time course of two years which includes supervised clinical training from any university recognized by UGC or such recognized qualifications, as may be prescribed with at least 15 years' experience in field.	1	
4.	Clinical Psychologist	Member	i) Having a recognized qualification in Clinical Psychology from an institution approved and recognized by the Rehabilitation Council of India or ii) Post-Graduate Degree in Psychology or Clinical Psychology or Applied Psychology and a Master of Philosophy in Clinical Psychology or Medical and Social Psychology obtained after completion of a full time course of two years which includes supervised clinical training from any University recognized by UGC and approved and recognized by RCI or such recognized qualifications as may be prescribed & at least 15 years' experience in field.	1	
5.	Mental Health Nurse	Member	Diploma / Degree in General Nursing or Diploma / Degree in psychiatric nursing recognized by the Nursing Council of India and Registered as such with the State Nursing Council with at least 15 years' experience in field.	1	

6.	Persons representing persons who have or have had mental illness	Member		2	
7.	Persons representing care-givers of persons with mental illness or organizations representing care-givers.	Member	Person who resides with a person with mental illness and is responsible for providing a care to that person includes a relative or any other person or Organization representing care-givers	2	
8.	Persons representing non-governmental organizations which provide services to persons with mental illness.	Member	Representatives of registered NGO's with 10 years' experience in the field of Mental Health	2	

Interested candidates fulfilling the above criteria should submit their application in the office of **Chief Executive Officer, State Mental Health Authority, 7th Floor**, **Commissionerate of Health Services, Arogya Bhavan, St. George's Hospital Compound, P. D'Mello Road, Mumbai – 400 001** in person or via **Email- smhamaharashtra@gmail.com** Application should be submitted in the given format along with self-attested copies of the relevant documents as proof. **Last date of receipt of Application will be 23/03/2026 till 6:15 pm. Applications received after the last date will not be considered.** All future correspondence shall be sent via e-mail only.

Sd/
Chief Executive Officer
State Mental Health Authority, Maharashtra

Commissionerate Of Health Services Mumbai

Maharashtra State Mental Health Authority

PHOTO

APPLICATION FORM

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

Name of Category applied for:			
Name:			
Father's / Husband's Name:			
Date of Birth (DD/MM/YYYY):		**Blood Group:**	**Gender:**
Marital Status: (Married/Unmarred)		**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)

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

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. CEO SMHA shall 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.