Government of Maharashtra
Deputy Director of Health Services, Latur
Mental Health Review Board

Appointment of non-ex-officio members to "Latur Mental Health Review Board"

Applications are invited for nomination of non-ex-officio members to the "Latur Mental Health Review Board" to be constituted under section 73 & 74 of the Mental Health Care Act 2017. Non-ex-Officio member in various categories Of MHRB as follows.

Table -1

Sr. No.	Composition of MHRB	Designation	Qualification/Criteria	No. of Post	Term of office & Maximum Age
1	Medical Practitioner	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	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	One member who shall be person with mental illness or care-givers or person representing organizations of person with mental illness or care-givers or non- governmental	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 **OR** Organization representing Care Givers **OR** Representatives of registered Non-Govermental	1	

	organizations working in the field of mental health.		Organization with 10 years' experience in the field of Mental Health		

Applicants from Latur MHRB should submit their application to Deputy Director, Health Services for respective Latur MHRB as follows –
Table-2

Sr. No.	Name of MHRB	Districts included under respective MHRB	Application to be submitted to respective Deputy Director	Contact No.	Email ID	Postal Address
1	Latur	1.Latur 2.Nanded	Deputy Director, Health Services, Latur	02382 220311	ddhslatur2008@yahoo.com ddhsest12@rediffmail.com	Deputy Director of Health Services, Latur ,Arogya Sankul, Shaskiya Vasahat, Barshi Rpad Latur -413212

Interested candidates fulfilling the above criteria mentioned in Table-1 should submit their application in the Office of Deputy Director, Health Services, Latur as shown in Table -2 for the respective MHRB in person or given email IDs. 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 ---- /07/2026 till 06:15 pm. Applications received after the last date will not be considered. All future correspondence shall be sent via E-mail only.

Deputy Director of Health Services, Latur

Commisssionerate of Health Services, Mumbai

Maharashtra State Mental Health Authority

PHOTO

Mental Health Review Board (MHRB)

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/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. 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.