

-: नोटीस :-

विषय :- धुळे मानसिक आरोग्य आढावा मंडळावरील अशासकीय सदस्यांच्या नामनिर्देशनाबाबतच्या जाहिरातीबाबत अर्ज करण्यास मुदतवाढ देणे बाबत..

धुळे मानसिक आरोग्य आढावा मंडळावरील अशासकीय सदस्यांच्या नामनिर्देशनाबाबतची जाहिरात दि.२५/०६/२०२६ रोजी धुळे जिल्ह्याच्या देशदूत या वृत्तपत्रात व राज्यस्तरीय संकेतस्थळावर प्रसिद्ध करण्यात आलेली होती. सदर जाहिरातीचा अर्ज करण्याचा अंतिम दिनांक ०६/०७/२०२६ रोजी पर्यंत होता. सदर जाहिरातीच्या अनुषंगाने अर्ज सादर करण्यास मुदतवाढ देण्यात येत असून अर्ज करण्याचा अंतिम दिनांक हा २०/०७/२०२६ रोजी पर्यंत वाढविण्यात येत आहे. तरी सोबतच्या सविस्तर जाहिराती नुसार उमेदवारांनी शैक्षणिक/अनुभव अहर्तानुसार विहित मुदतीत अर्ज सादर करावयाचे आहे. अर्ज सादर करतांना अर्जासोबत आवश्यक शैक्षणिक प्रमाणपत्रे, अनुभव प्रमाणपत्रे, वयाचा दाखला इत्यादी आवश्यक प्रमाणपत्रांच्या प्रती या कार्यालयाच्या ईमेलवर ddhsnsk@rediffmail.com/mhrb.nashik@gmail.com या ईमेलवर स्पष्ट दिसतील असे एकाच पीडीएफ फाईलमध्ये सादर करण्यात यावे अथवा खालील दिलेल्या पत्त्यावर प्रत्यक्षरित्या किंवा पोस्टाने दि.२०/०७/२०२६ रोजी पर्यंत कार्यालयीन वेळेत पोहचतील अशा प्रमाणे अर्ज सादर करावे. मुदतबाह्य अर्ज स्वीकारले जाणार नाही याची नोंद घेण्यात यावी.

सदरील जाहिरातीबाबत सर्व अधिकार उपसंचालक कार्यालय, आरोग्य सेवा, नाशिक यांनी राखून ठेवले आहे.

कार्यालय पत्ता
उपसंचालक कार्यालय, आरोग्य सेवा, नाशिक परिमंडळ, नाशिक, विभागीय संदर्भ सेवा रुग्णालय आवार, इंदिरा गांधी चौक, शालीमार, नाशिक ४२२००१ दूरध्वनी क्र.०२५३-२९९०७११

SD/-

सदस्य, मानसिक आरोग्य आढावा मंडळ तथा
उपसंचालक, आरोग्य सेवा, नाशिक परिमंडळ, नाशिक



Government of Maharashtra
Deputy Director of Health Services, Nashik
Nomination of non-ex-officio members to
"Dhule Mental Health Review Board"



Applications are invited for nomination of **non-ex-officio members** to the “**Dhule Mental Health Review Board**” to be constituted under section 73 (1) & 74 of the Mental Health Care Act 2017. Non-ex-Official member in various categories MHRB as follows-

Table -1

Sr. No.	Composition of MHRB	Designation	Qualification/Criteria	No. of Post	Term of office & Maximum Age
1.	Psychiatrist	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	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.	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	

3.	Two members who shall be persons with mental illness or care-givers or persons representing organizations of persons with mental illness or care-givers or non- governmental organizations working in the field of mental health.	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 /Organization representing Care Givers OR Representatives of registered NGOs with 10 years' experience in the field of Mental Health	2		

Applicants from Dhule MHRB should submit their application to Deputy Director, Health Services for respective DHULE 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	Dhule	1) Dhule 2) Jalgaon 3) Nandurbar	Deputy Director, Health Services, Nashik	0253- 2592271	ddhsnsk@rediffmail.com mhrb.nashik@gmail.com	Deputy Director of Health Services, Nashik Government Regional Referral Hospital Campus, Indira Gandhi Chowk, Shalimar Nashik – 422001

Interested candidates fulfilling the above criteria mentioned in Table-1 should submit their application in the Office of Deputy **Director, Health Services, Nashik** 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 20/07/2026 till 06:15 pm. Applications received after the last date will not be considered.** All future correspondence shall be sent via E-mail only.

SD/-
Deputy Director of Health Services, Nashik



Commissionerate of Health Services, Mumbai

Maharashtra State Mental Health Authority

Mental Health Review Board (MHRB)

PHOTO

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/Unmarried)		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.