Government of Maharashtra
Comrnissionerate of Health Services,
Mumbai
Maharashtra State Mental Health Authority

Nomination of non-ex-officio members to 16 Mental Health Review Boardsf MHRBs)

Applications are invited for nomination of non-ex-officio members to the Mental Health Review Boards under section 73 & 74 of the Mental Health Care Act 2017 .

Mental Health Review Boards (MHRBs) For districts as follows- Under Chh. Sambhajinagar- **Parbhani (Parbhani & Hingoli)**

Non Ex-Officio Members in each MHRB includes -

1. One Psychiatrist from the district/circle not in govt, service.
2. One Medical Practitioner from the district/circle not in govt, service.
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.

The interested candidates should submit their application along with all relevant documents to prove their eligibility as per the Mental Health Care Act 2017 within 15 days from the date of publication of this advertisement. For detailed advertisement visit to website (website - https://nhm.maharashtra.gov.in)

Sd/
Chief Executive Officer
Maharashtra State Mental Health Authority

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

Nomination of non-ex-officio members to "Mental Health Review Boards"(MHRBs)

Applications are invited for nomination of non-ex-officio members to the 16 "Mental Health Review Boards" under section 73 & 74 of the Mental Health Care Act 2017.

Non-ex-officio member in each Mental Health Review Board include-

Table -1

Sr. No.	Composition of MHRB	Designation	Qualification/Criteria	No. of Post	Term of office& Maximum Age
1	Psychiatrist from district/circle 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	5 Years from the date of Nomination. Member shall not hold oBice as such after he she has attained the age of Seventx Years.
2	Medical Practitioner from district/circle not in govt, service	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 Homoeopath), as defined in clause (i) of sub-section (1) of that section; With at least 15 years' 1 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 OR person representing organization of persons with mental illness or care-givers OR representatives of registered Non-Governmental Organization with 10 years' experience in the field of Mental Health	2	5 Years from the date of Nomination. Member shall not hold oBice as such after he she has attained the age of Seventx Years.

Mental Health Review Boards, included district in each MHRB and Deputy Director office details as follows-

Table-2

[1] S <o. 1	1 Name of MHRB	Districts included in MHRB	Application to be submitted to Deputy Director, Health Services	Contact No.	Email ID	Postal Address
	Parbhani	1) Parbhani 2) Hingoli	Deputy Director, Chh.Sambhaj inagar	0240-2334049	ddhs.aurangabad-mh'agov .in mhrbddabadft gmail.com	Deputy Director. Health Services, Chatrapati Sambhaji Nagar. Mahavir Chauk, Near Baba Petrol Pump. Railway Station Road. Arogya Sankul. 1st Floor, Chatrapati Sambhaji Nagar-131001

Interested candidates fulfilling the above given criteria should submit their application in the Office of Deputy Director, Health Services, 1 Chh Sambhajinagar/ for the respective MHRB in person or via email. Application should be submitted in the given format along w ith self-attested copies of all relevant 1 I documents to prove the eligibility as per the Mental Health Care Act 2017 .Last date of receipt of Application will be 20/08/2026 till 06:15 pm. Applications received ' after the last date will not be considered. All future correspondence will be sent via Email only.

Sd/

Chief Executive Officer

State Mental Health Authority, Maharashtra

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.