



Government of India  
Ministry of Health & Family Welfare

The Ministry of Health and Family Welfare, Government of India invites applications from eligible individuals from the following categories for nomination as non-official members of the Central Mental Health Authority constituted under the Mental Healthcare Act, 2017:

1.	<p><b>Mental Health Professional [under clause (i) of sub-section (1) of Section 34 of the Mental Healthcare Act, 2017]</b></p> <p><b>No. of Post: 1 (one)</b></p> <p><b>Essential Qualification:</b> A professional having a post-graduate degree (Ayurveda) in Mano Vigyan Avum Manas Roga or a post-graduate-degree (Homeopathy) in Psychiatry or a post-graduate degree (Unani) in Moalijat (Nafasiyatt) or a post-graduate degree (Siddha) in Sirappu Maruthuvam.</p> <p><b>Experience:</b> At least fifteen years' experience in the field</p>
2.	<p><b>Person representing non-governmental organisations which provide services to persons with mental illness [under clause (o) of sub-section (1) of Section 34 of the Mental Healthcare Act, 2017]</b></p> <p><b>No. of posts: 1 (one)</b></p> <p>Preference shall be given to the persons with Ten years of experience in dealing with persons with mental illness.</p>

**Eligibility Conditions:**

1. The applicant shall be an Indian National
2. The applicant shall not be of the age exceeding 67 years
3. Persons applying for Mental Health Professional shall be registered with their respective State Mental Health Authorities. In case the State Mental Health Authority has not been constituted in the State/UT where such person is working, an undertaking to the effect that registration will be got done with the State Mental Health Authority within a month of its constitution.

The application form in the prescribed format available on the website of Ministry of Health and Family Welfare ([www.mohfw.gov.in](http://www.mohfw.gov.in)).

**Term of office:** Three years at a time from the date of nomination.

**Allowances:** Every non-official member of the Central Authority shall be entitled to sitting allowance, travelling allowance, daily allowance and such other allowances as are applicable to non-official members of the Commissions and Committee of the Central Government attending the meetings of such Commission or Committee.

**How to apply:**

Applications in the prescribed format along with required certificates/documents shall be submitted through email or registered post to Under Secretary (Mental Health), Room No. 306, D



Wing, Nirman Bhawan, Maulana Azad Road, New Delhi – 110011, email id: "mentalhealth-mohfw@gov.in". **Last date for receipt of applications is 30 days from the date of issue of this advertisement in the newspapers.**

Prescribed format for application and copies of the Mental Healthcare Act, 2017 and Rules framed thereunder are available on the Website of the Ministry of Health and Family Welfare ([www.mohfw.gov.in](http://www.mohfw.gov.in)).



**Application form for nomination as member of the Central Mental Health Authority  
constituted under the Mental Healthcare Act, 2017**

Category for which applied: \_\_\_\_\_

1.	Name and Address in Block Letters																																		
2.	Date of Birth																																		
3.	Academic qualifications and educational details																																		
	S.NO.	Qualification	Year of Passing	College/ University																															
(rows may be added as per need)																																			
4.	Organization																																		
	Details of employment (if any) in chronological order. Enclose a separate sheet, duly authenticated by yours signature, if the space below is insufficient																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Office/ Instt./Orgn.</th> <th style="width:15%;">Post Held</th> <th style="width:15%;">From</th> <th style="width:15%;">To</th> <th style="width:15%;">Scale of pay</th> <th style="width:20%;">Nature of duties</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Office/ Instt./Orgn.	Post Held	From	To	Scale of pay	Nature of duties																								
Office/ Instt./Orgn.	Post Held	From	To	Scale of pay	Nature of duties																														
5.	Details of experience under the category applied for (to be supported by relevant documents)																																		
6.	In case of Mental Health Professional[under clause (i) of sub-section (1) of Section 34 of the Mental Healthcare Act, 2017], whether registration done with the State Mental Health authority done																																		
7.	If answer to (6) is no, whether undertaking enclosed																																		
8.	Additional information, if any, which you would like to mention in support of your suitability of being nominated as a member of the CMHA. (Enclose a separate sheet, if the space is insufficient)																																		
9.	Remarks																																		



It is certified that the above particulars are correct and complete.

Date .....

Signature of the candidate.....

Countersigned by employer.....

Address:

CBC 17101/11/0015/2223

