

Form-B

[See rules 11(2) and 12]

APPLICATION FOR GRANT OF PROVISIONAL REGISTRATION/ RENEWAL OF PROVISIONAL  
REGISTRATION OF A MENTAL HEALTH ESTABLISHMENT

To

The Mental Health Authority  
Department of Health & Family Welfare  
State Government of Himachal Pradesh

Dear Sir/ Madam,

I/we intend to apply for grant of provisional registration/ permanent registration for the Mental Health Establishment namely..... of which I am/we are holding a valid licence /registration for the establishment/ maintenance of such hospital/nursing home. Details of the hospital/nursing home are given below:

1. Name of applicant .....
2. Details of licence with reference to the name of the authority issuing the licence and date.....
3. Age .....
4. Professional experience in Psychiatry .....
5. Permanent address of the applicant .....
6. Location of the proposed hospital/nursing home .....
7. Address of the proposed nursing home/hospital .....
8. Phone number..... Fax:.....  
Email Address.....
9. Proposed accommodations.....
  - (a) Number of rooms .....
  - (b) Number of beds.....
  - (c) Facilities provided.....
  - (d) Out-patient .....
  - (e) Emergency services.....
  - (f) In-patient facilities.....
  - (g) Occupational and recreational facilities .....
  - (h) ECT facilities (n X-Ray facilities .....
  - (i) Psychological testing facilities .....
  - (j) Investigation and laboratory facilities.....
  - (k) Treatment facilities .....

Staff pattern:

- (a) Number of doctors .....
- (b) Number of nurses .....
- (c) Number of attendees .....
- (d) Others .....

I am herewith sending a bank draft for Rs Twenty Thousand Only drawn in favour of Chief Executive officer HP State Mental Health Authority Shimla-171005

Fee can also be transferred in the account of Chief Executive officer H.P State Mental Health Authority Shimla -171005  
Account No. 38515906995  
IFSC Code SBIN0006785

We hereby undertake to abide fully by the rules and regulation of the Mental Health Authority. I request you to consider my application and grant the licence for establishment/ maintenance of psychiatric hospital/ nursing home.

Your faithfully

Signature.....

Name .....

Date .....

Name & Address of Mental Health Establishment: .....

.....

Contact No: .....

Email: .....

### Details of Staff and Services

Sr. No.	Agreement /Outsource arrangements	Details
1.	Rent agreement	
2.	Laboratory services	
3.	Emergency services	

### Staff Details

Sr. No.	Position	Name	Qualification	Contact No.
1.	Psychiatrist			
2.	MBBS ( Doctor)			
3.	Counsellors			
4.	Social workers & persons in recovery			
5.	Nursing Staff			
6.	Vocational trainers			
7.	Yoga trainers			
8.	Sanitation staff			
9.	Security staff			
10	Attendants			
11.	Kitchen Staff			

Authorized Signatory