

STATE MENTAL HEALTH AUTHORITY, KERALA

Form-1

APPLICATION FOR THE APPOINTMENT OF MEMBER IN MENTAL HEALTH REVIEW BOARDS

Category Applied for (Tick the whichever is applicable)		Mental Health Review Board(MHRB) to which applied (give order of preference as 1,2,3. in the box)
<input type="checkbox"/> 1. Persons with mental illness <input type="checkbox"/> 2. Care-givers <input type="checkbox"/> 3. Persons representing organizations of persons with mental illness <input type="checkbox"/> 4. Persons representing organizations of care-givers <input type="checkbox"/> 5. Non Governmental Organizations working in the field of mental health <input type="checkbox"/> 6. Psychiatrist <input type="checkbox"/> 7. Medical practitioner		<input type="checkbox"/> Trivandrum <input type="checkbox"/> Kottayam <input type="checkbox"/> Thrissur <input type="checkbox"/> Kozhikode <input type="checkbox"/> Kannur
1	Name	
2	Gender	
3	Date of Birth (Attested copy of certificate proving date of birth should be attached)	
4	Address (with phone number & email id)	
5	Educational Qualification	
6	Occupation (current/past)	
7	Documents required to be attached for different categories	
	category 1	Self attested copy of Treatment Certificate/ Treatment record with self declaration
	category 2	Self attested copy of treatment record/certificate of the patient with declaration showing the relationship

	Category 3,4&5	(i) Certification from the administrative head of the organization which one is representing. (ii)Registration and other details of the organization(brief report on the activities of the organization should be attached)
	Category 6&7	Self attested copies of certificates of degree, post graduation and medical council registration.
8	Describe your experience in the field of Mental Health (separate sheet may be attached)	
9	Curriculum Vitae (to be attached)	
10	Signature with date	

STATE MENTAL HEALTH AUTHORITY, KERALA

Form-2

**APPLICATION FOR THE APPOINTMENT OF CHAIRPERSON IN MENTAL HEALTH REVIEW
BOARDS**

1	Mental Health Review Board(MHRB) to which applied	(give order of preference as 1,2,3. in the box) <input type="checkbox"/> Trivandum <input type="checkbox"/> Kottayam <input type="checkbox"/> Thrissur <input type="checkbox"/> Kozhikode <input type="checkbox"/> Kannur
2	Name	
3	Gender	
4	Date of Birth (Attested copies of certificate proving date of birth should be attached)	
5	Address (with phone number & email id)	
6	Present Position	
7	Educational Qualification	
8	Experience	
9	If any experience in the field of Mental Health (separate sheet may be attached)	
10	Curriculum Vitae (to be attached)	
11	Signature with date	