

**INVITING APPLICATIONS FOR  
NOMINATION AS NON-OFFICIAL MEMBER TO SMHA, KERALA**

**GOVT. OF KERALA**

**DEPT.OF HEALTH & FAMILY WELFARE, GOVT SECRETARIAT, THIRUVANANTHAPURAM**

1. The Department of Health & Family Welfare, Govt. of Kerala invites applications from eligible individuals for nomination as non-official members of the Kerala State Mental Health Authority (KSMHA) constituted under the provision of Mental Health Care Act, 2017 , for the following categories :-

<b>Sl.No</b>	<b>Category</b>
1.	Head of any of the Mental Hospitals in the State or Head of Department of Psychiatry at any Government Medical College in the State ( section 46 (1) (f) )
2.	One Mental Health Professional (having a post -graduate degree (Ayurveda) in Mano Vigyan Avum Manas Roga or a post-graduate degree (Homoeopathy) in psychiatry or a post-graduate degree (Unani) in Moalijat (Nafasiyatt) or a post-graduate degree (Siddha) in Sirappu Maruthuvam), having a minimum of 15 years experience in the field (Section 46 (1) (h))

2. The term of Office of the Non-Official Member shall be 3 years from the date of nomination, but, not beyond 70 years of age.

3. Applications in the prescribed form with bio-data and supporting documents super scribing the envelope **“Application for the selection of Non-Official Member to Kerala State Mental Health Authority”** should reach the address, The Chief Executive Officer, Kerala State Mental Health Authority, Red cross Road, Thiruvananthapuram - 695035 on by registered post/speed post/by hand **before 24.02.2021.(before 5 p.m)**

Sd/-  
Chief Executive Officer  
Kerala State Mental Health Authority

**APPLICATION FOR NOMINATION AS NON-OFFICIAL MEMBER TO  
STATE MENTAL HEALTH AUTHORITY, KERALA  
(form for the category under Section (46 (1)(f) & (h))**

CATEGORY APPLIED FOR		
1	NAME	
2	GENDER	
3	DATE OF BIRTH*	
4	EDUCATIONAL QUALIFICATION*	
5	PROFESSIONAL QUALIFICATION & REGISTRATION DETAILS*	
6	CURRENT POSITION	
7	PROFESSIONAL WORK EXPERIENCE*	
8	EXPERIENCE IN THE FIELD OF MENTAL HEALTH/ ANY OTHER POINT ABOUT ELIGIBILITY:	
DATE :		SIGNATURE
PLACE :		MAILING ADDRESS (With Contact No. & Email ID)

*\*self attested copies of relevant documents should be attached*