

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

**GOVT. OF KERALA**

**HEALTH & FAMILY WELFARE DEPARTMENT, GOVT SECRETARIAT,  
THIRUVANANTHAPURAM**

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

<b>Sl.No</b>	<b>Category</b>
1.	Eminent Psychiatrist from the State not in government service (Section 46 (1) (g) )
2.	One Mental Health Professional, having a minimum of 15 years experience in the field (Section 46 (1) (h))
3.	One Psychiatric Social Worker having a minimum of 15 years experience in the field (Section 46 (1) (i))
4.	One Clinical Psychologist having a minimum of 15 years experience in the field (Section 46 (1) (j) )
5.	One Mental Health Nurse having a minimum of 15 years experience in the field (Section 46 (1) (k))
6.	Two Persons representing persons who have or have had Mental Illness (Section 46 (1) (l))
7.	Two Persons representing Care-Givers of Persons with Mental Illness or Organisations representing Care-Givers (Section 46 (1) (m))
8.	Two Persons representing Non-Governmental Organisations which provide services to Persons with Mental Illness (Section 46 (1) (n))

Note:

- 1) For detailed eligibility criteria, terms of office and format for applying may be checked at [www.ksmha.org](http://www.ksmha.org)
- 2) Last date of application is **8.04.2020**

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For Selection Committee

Chairman

**APPLICATION FOR NOMINATION AS NON-OFFICIAL MEMBER TO  
STATE MENTAL HEALTH AUTHORITY, KERALA  
(for the category under Section (46 (1)- g / h/ i/j/k)**

	CATEGORY (APPLIED FOR)	
1	NAME	
2	GENDER	
3	DATE OF BIRTH*	
4	EDUCATIONAL QUALIFICATION*	
5	PROFESSIONAL QUALIFICATION & REGISTRATION * (If required)	
6	CURRENT POSITION*	
7	PROFESSIONAL WORK EXPERIENCE:*	
8	SPECIAL INTEREST	
9	DESCRIBE YOUR EXPERIENCE IN THE FIELD OF MENTAL HEALTH: (in 10 sentences)	
DATE : PLACE :		SIGNATURE MAILING ADDRESS (With Contact No. & Email ID)

\*Documentary proof to be attached

*** For details, please go through section 46 (1) of Mental Healthcare Act 2017
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**APPLICATION FOR NOMINATION AS NON-OFFICIAL MEMBER TO  
STATE MENTAL HEALTH AUTHORITY, KERALA  
( for the category under Section (46 (1)-1/ m/ n)**

	CATEGORY (APPLIED FOR)	
1	NAME	
2	GENDER	
3	DATE OF BIRTH*	
4	EDUCATIONAL QUALIFICATION*	
5	OCCUPATION AND OFFICIAL ADDRESS	
6	REPRESENTATIVE OF PERSONS WHO HAVE OR HAVE HAD MENTAL ILLNESS. (under section 46 (1) (l)) documents supporting the claim)*	
7	REPRESENTATIVE OF CAREGIVERS OF PERSONS WITH MENTAL ILLNESS (under section 46 (1) (m)) A. Relationship with the person with mental illness B. Documentary proof for mental illness in the mentioned relative*	
8	REPRESENTATIVE OF NGO (under section 46(1) (n)) A. Name of organisation and current position in the organisation	
	B. Registration and other details of organisation *	
9	EXPERIENCE IN THE FIELD OF MENTAL HEALTH: (In 10 Sentences) (In the case of application is made under Section 46 (1) (m)) &(n))	
DATE : PLACE :		SIGNATURE MAILING ADDRESS (With Contact No. & Email ID)

\*Documentary proof to be attached  
(For details, please go through section 46 (1) of Mental Healthcare Act 2017)