

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 Chief Executive Officer
The Kerala State Mental Health Authority,
.....
.....

Dear Sir/ Madam,

I/we intend to apply for grant of provisional registration / renewal of provisional registration for the Mental Health Establishment namely of which I am/we are holding a valid license /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 license with reference to the name of the authority issuing the license and date.....
3. Age
4. Professional experience in Psychiatry.....
5. Permanent address of the applicant.....
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6. Location of the proposed hospital/nursing home.....
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.....
7. Address of the proposed nursing home/hospital.....
.....
.....

8. 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 attenders:
- (d) others:

I am herewith sending a bank draft for Rs..... drawn in favour ofas application fee.

I hereby undertake to abide by the rules and regulation of the Mental Health Authority.

I request you to consider my application and grant the license for establishment/maintenance of psychiatric hospital/nursing home.

Yours faithfully

Signature.....

Name.....

Date.....