

Form-G

**APPLICATION FOR GRANT OF REGISTRATION / RENEWAL OF REGISTRATION OF
MENTAL HEALTH PROFESSIONALS**

To,

The Chief Executive Officer
The Kerala State Mental Health Authority,

.....

Dear Sir/ Madam,

I intend to apply for grant of registration/ renewal of registration for the Mental Health Professionals namely

1. Name of applicant
2. Details of Registration of qualifying degree in respective specialties* (RCI / NCI) (copy attached):
3. Age:
4. Professional experience in Psychiatry:
5. Permanent address of the applicant:
6. Location/s of the Practice:
7. Qualifications (copies attached):

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 registration for the Mental Health Professional to practice in Kerala State.

Yours faithfully

Signature
Name

Date

*this is not applicable for Psychiatric Social Worker