



**Government of India**  
**Ministry of Health & Family Welfare**

The Ministry of Health and Family Welfare, Government of India invites applications from eligible individuals/organizations for nomination as non-official members of the Central Mental Health Authority constituted under the Mental Healthcare Act, 2017.

The applications in the prescribed format available on the website of Ministry of Health and Family Welfare ([www.mohfw.gov.in](http://www.mohfw.gov.in)) shall be submitted for the following categories under sub-section (1) of Section 34 of the Act:

S.No.	Category
1	Mental health professional as defined in item (iii) of clause (r) of sub-section (1) of section 2 of the Mental Healthcare Act, 2017 having at least fifteen years' experience in the field
2	Psychiatric social worker having at least fifteen years' experience in the field,
3	Clinical psychologist having at least fifteen years' experience in the field
4	Mental health nurse having at least fifteen years' experience in the field of mental health
5	Persons representing persons who have or have had mental illness
6	Persons representing care-givers of persons with mental illness or organisations representing care-givers
7	Persons representing non-governmental organisations which provide services to persons with mental illness

**Eligibility Conditions:**

1. The applicant shall be an Indian National
2. The applicant shall not be of the age exceeding 67 years
3. Persons applying for categories under clauses (i), (j), (k) and (l) of sub-section (1) of section 34 shall be registered with their respective State Mental Health Authorities. In case the State Mental Health Authority has not been constituted in the State/UT where such person is working, an undertaking to the effect that registration will be got done with the State Mental Health Authority within a month of its constitution.

**Term of office, allowances etc. of non-official members of Central Mental Health Authority:**

The Term of office, allowances etc. of non-official members of Central Mental Health Authority will be as per the provisions of the Mental Healthcare Act, 2017 and The Mental Healthcare (Central Mental Health Authority and Mental Health Review Boards) Rules, 2018.

**How to apply:**

Applications in the prescribed format along with required certificates/documents shall be submitted through ordinary post/speed post/by hand to Shri Manish Raj, Under Secretary (Mental Health), Room No. 306, D Wing, Nirman Bhawan, Maulana Azad Road, New Delhi – 110011. **Last date for receipt of applications is further extended upto 30 days from the date of issue of this advertisement in the newspapers, which was earlier published in "The Times of India" and "Dainik Jagran" on 09.12.2021.**

Prescribed format for application and copies of the Mental Healthcare Act, 2017 and Rules framed thereunder are available on the Website of the Ministry of Health and Family Welfare ([www.mohfw.gov.in](http://www.mohfw.gov.in)).



**Application form for nomination as member of the Central Mental Health Authority constituted under the Mental Healthcare Act, 2017**

Category for which applied: \_\_\_\_\_

Section of the Act: \_\_\_\_\_

1.	Name and Address in Block Letters					
2.	Date of Birth					
3.	Organization					
4.	Details of employment (if any) in chronological order. Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient					
	Office/ Instt./Orgn.	Post Held	From	To	Scale of pay	Nature of duties
5.	Details of experience under the category applied for (to be supported by relevant documents)					
6.	In case application is under clauses (i), (j), (k) and (l) of sub-section (1) of section 34 of the Act, whether registration done with the State Mental Health authority done					
7.	If answer to (6) is no, whether undertaking enclosed					
8.	Additional information, if any, which you would like to mention in support of your suitability of being nominated as a member of the CMHA. (Enclose a separate sheet, if the space is insufficient)					
10.	Remarks					

Date .....

Signature of the candidate.....

Countersigned by employer.....

Address: