

**FORM IV**  
(see. rule 22)  
**Application for Establishment or Maintenance of a Psychiatric  
Hospital / Psychiatric Nursing Home**

To  
The Licensing Authority,  
Govt. Institute of Mental Health,  
Kilpauk,  
Chennai – 600 010.

Dear Sir,

I/we intend to establish/ maintain a Psychiatric Hospital / Psychiatric Nursing Home in respect of which I am /we are holding a valid license for the establishment / maintaining of such hospital/ nursing home. The 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 :
6. Location of the proposed Hospital / Nursing Home :
7. Address of the proposal Hospital / Nursing Home :
8. Proposed accommodation:
  - (a) Number of rooms
  - (b) Number beds
9. Facilities provided:
  - (a) Out-patient facility
  - (b) Emergency services
  - (c) Inpatients facilities
  - (d) Occupational and Recreational facilities
  - (e) ECT facilities

- (f) X-ray facilities
- (g) Psychological testing facilities
- (h) Investigation and laboratory facilities
- (i) Treatment Facility.

10. Staff Pattern :

- (a) Number of doctors
- (b) Number of Staff
- (c) Number of Attenders
- (d) Others

I am sending herewith a bank draft for Rs.....drawn in favour of ..... as licensing 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 :

Documents to be enclosed with the application:

1. A demand draft for Rs..... drawn in favour of Licensing Authority.
2. In case of partnership concern. Limited Company, Charitable Society or any other such body certified copies of the relevant documents for proof.
3. An authenticated statement of the name, qualification, period of service and broad service conditions of the entire staff.
4. An outline on the timetable and facilities for patients.

## **FORM VI**

(see rule 25)

### **Application for renewal of Licence to maintain a Psychiatric Hospital/ Psychiatric Nursing Home**

To  
The Licensing Authority,  
Govt. Institute of Mental Health,  
Kilpauk,  
Chennai – 600 010.

Sir / Madam,

We are desirous of continuing the psychiatric hospital/ nursing  
home  
named.....  
.....The details regarding the institution are as follows :

Name of the individual or body owning the institution:

Address:

Name of the Psychiatrist in-charge of the institution:

His/Her Qualification:

His/Her experience after acquiring the qualification:

His/Her address:

Present

Permanent:

Is there any change in infra-structural facilities  
of the institution after it was started / licence  
renewed last time ?

If yes, give details (Give a separate statement as an Appendix, if needed)

Total number of qualified Mental Health

Professionals (category wise):

Total Staff Strength of this Institution (Category wise):

Particulars of the Demand Draft enclosed:

We hereby undertake to abide by the provisions contained in the Mental Health Act, 1987 (Central Act 14 of 1987) and the Tamil Nadu Mental Health Rules 2013. We shall follow the guidelines issued by the Tamil Nadu State Mental Health Authority, in running the Psychiatric Hospital / Psychiatric Nursing Home. We request you to consider this application and kindly renew the licence to run the Psychiatric Hospital / Psychiatric Nursing Home ..... at ..... ..

Yours faithfully,

(Applicant)

Documents to be enclosed with the application:

1. A demand draft for Rs..... drawn in favour of Licensing Authority.
2. In case of partnership concern. Limited Company, Charitable Society or any other such body certified copies of the relevant documents for proof.
3. A write – up on alterations made after sanction of licence / Renewal made on previous occasion in land, building, laboratory facilities, recreational facilities and occupational therapy facilities.
4. An authenticated statement of the name, qualification, period of service and broad service conditions of the entire staff.
5. An outline on the timetable and facilities for patients.