



TAMIL NADU STATE MENTAL HEALTH AUTHORITY

Institute of Mental Health Authority campus, Medavakkam Tank Road, Kilpauk,
Chennai-600 010

In pursuance of the provisions contained in Section 55(d) of Mental Healthcare Act, 2017 and in accordance with the decision taken in First annual meeting of the Authority held on 18.07.2019, it is hereby informed that the State Authority shall maintain a register of practicing mental health professionals in the State such as Clinical Psychologists, Mental Health Nurses and Psychiatric Social Workers. For this purpose, the definitions of the categories of mental health professionals namely clinical Psychologists, mental health nurses and psychiatric Social Workers as provided under clauses (g), (q) and (x) of section 2(1) of Mental Healthcare Act, 2017 (available on the e-gazette in the following link <http://www.egazette.nic.in/writereaddata/2017/175248.pdf>) shall respectively be applicable. The register proposed to be maintained by the State authority, will be in digital form and it contains the names, professional qualifications, and contact details of the mental health professionals. The list will be available on the Authority's website and shall be updated every month.

All the existing mental health professionals in the State belonging to the above mentioned categories of professionals, shall get registered with the State Authority. They may download application form given below and submit it along with copies of certificates / documents by post/speed post/by hand to Chief Executive Officer Tamil Nadu State Mental Health Authority, Institute of Mental Health Campus, Medavakkam Tank Road, Kilpauk, Chennai-600 010 accompanied with a fee of Rs.500 (Rupees five hundred only) by way of Demand Draft drawn in favour of The Chief Executive Officer, Tamil Nadu State Mental Health Authority, Chennai.

1. The registration will be valid for a period of five years from the date of registration.
2. The registered mental health professional shall apply for re-registration once in five years along with re-registration fee of Rs.500/-
3. Every year, as on 1st January, the State Authority shall publish district-wise, a state list of mental health professionals and it shall be displayed on Authority's website.



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Institute of Mental Health Campus, Medavakkam Tank Road,
Kilpauk, Chennai-600 010

Application for Registration of Mental Health Professionals

✓ Please tick for position applying for		Recent Photograph		
(a)	Clinical Psychologist as mentioned in clause (g) of sub section 1 of Section 2 of Mental Healthcare Act,2017 <input type="checkbox"/>		(b)	Mental Health Nurse as mentioned in clause (q) of sub section 1 of Section 2 of Mental Healthcare Act,2017 <input type="checkbox"/>
(c)	Psychiatric Social Worker as mentioned in clause (x) of sub section 1 of Section 2 of Mental Healthcare Act,2017 <input type="checkbox"/>			

1	Name	
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2	Nationality	
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3	Date of Birth	D	D	M	M	Y	Y	Y	Y
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4	Gender	Male	Female	Others
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5	Contact Address	
		PIN CODE

Tel	Office		Res	
	Mobile		Email	

6. GENERAL INFORMATION:

1. Description of Qualification:

- a. For Clinical Psychologists : M.Phil (as in Sec 2(1)(g) MHC Act,2017)
- b..For Mental Health Nurses: Degree or Diploma in General Nursing
 or Degree or Diploma in Psy. Nursing
 (as in Sec 2(1) (q) MHC Act 2017)
- c. For Psychiatric Social Workers: M.Phil in Psy.Social Work (as inSec 2(1)(x)MHCA 2017)

2: Course Completed at : Tamil Nadu Others

3: Whether Certificate available as: Provisional Original Duplicate

4. Whthere any Change of Name subsequent to obtaining qualification: Yes No
(If yes attach copy Gazette notification)

5. Name of the College / Institution and address where the candidate underwent the course

6. Date,Month & Year of Passing _____

Period of the } From

D	D	M	M	Y	Y	Y	Y
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 To

D	D	M	M	Y	Y	Y	Y
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Course }

7.Name of the Council, Registration No.& Date with which candidate registered his/her name

Attach Self attested Xerox copies of Qualifications, Registration Certificate of the Council.

7. Whether employed, if so Name of the organisation and address and no .years of service

8. BANK DETAILS*

a) Name of the Bank and Branch : _____

b) D.D Number : _____ date _____

* Registration fee of Rs 500 (Rupees five hundred only) should be paid as Demand Draft in favour of Chief Executive Officer, Tamil Nadu State Mental Health Authority Chennai and enclosed with the application.

Declaration

Certified that the information given in the application are true and complete.

Signature:

Name:

Place:

Date: