



**TAMIL NADU STATE MENTAL HEALTH AUTHORITY**  
**Institute of Mental Health Campus, Medavakkam Tank Road, Kilpauk, Chennai-600010.**  
**Application for grant of Provisional Registration**

✓ Please tick for position applying for		Recent Photograph of Director, IMH , Chennai, Govt. Hospital & Reh.Centre Erwadi / Head of the Department of Psychiatry of Medical College Hospital Psychiatric wing of Govt. Hospital / Dist. Psychiatrist, DMHP / ECRC
Institute of Mental Health <input type="checkbox"/>	Govt. Hospital & Rehabilitation Centre Erwadi <input type="checkbox"/>	
Govt. Medical College Hospital <input type="checkbox"/>	Private Medical College / Hospital <input type="checkbox"/>	
Govt. Hospital with Psychiatric Facility <input type="checkbox"/>	Private Hospital / Nursing Home with Psychiatric Facility <input type="checkbox"/>	
Dist. Mental Health Programme <input type="checkbox"/>	Emergency Care & Recovery Centre <input type="checkbox"/>	

1	Name of the Head of the Department															

2	Mobile	+	9	1											E-mail ID					
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3	Age													
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4	Whether the Psychiatric facility is fully functional	Yes	No
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4(a)	Physical infrastructure criteria fulfills MCI Guidelines ( For Govt. / Private Medical College Hospitals only)	Yes	No
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4(b)	Registered under Clinical Establishment Act / Rules (if yes fill up column 5) (Applicable to all)	Yes	No
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5	Details of Registration done under the Act mentioned in column 4(b) above															

6	Date on which Psychiatric Facility Established															
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7	Name and Address of the Psychiatric facility															

8	Whether Existing Building (Own or Rented) Approved by Panchayat / Municipal / Corporation Authority, if so furnish Approval No & Date of the Building Plan															

9	Details of Accommodation	No. of Ward / Rooms / cubicles						No. of Beds Available					
	Whether the mandatory requirement of 3 feet gap in between beds maintained							Yes	No				

10	Whether Out-patient Services Provided	Yes	No	Avg. no. of Ops attending per month			
	Whether in-patient Services available	Yes	No	Avg. no. of IPs attending per month			

11	Modified ECT Facilities Available	Yes	No	X-Ray Facilities	Yes	No	Pharmacy Facilities	Yes	No
	Occupational / Recreational Facilities	Yes	No	Investigation / Lab Services				Yes	No

12	Brief Description of treatment facilities provided																			

13	Name of the Psychiatrists (To attach P.G. Degree Certificates)																		
1																			
2																			
3																			

14	Name of the Medical Practitioners visiting Psychiatric facility (To attach Degree Certificate)																		
1																			
2																			
3																			

15	Name of the Clinical Psychologist (To attach P.G. Degree Certificate in the subject)																	

16	Name of the Psychiatric Social Worker (To attach Degree Certificate in the subject)																	

17	Names of the Staff Nurse s (To attach Diploma / Degree Certificate)										1								
2											3								
18	No. of other employees including attendees attached to the facility																		

**Declaration**

I hereby undertake to abide by the rules and regulation of the Tamil Nadu State Mental Health Authority. I request you to consider my application and grant Provisional Registration for the Mental Health Establishment / Maintenance of psychiatric facility.

Yours faithfully,

Date:

Place:

Signature:

Encloses to be attached with the Application:

1. Copy of approved Building Plan (Wherever applicable)
2. Photographs of the front and rear side of the building including the name board and photograph of the beds arrangement and toilet and kitchen rooms.