

TAMIL NADU STATE MENTAL HEALTH AUTHORITY Institute of Mental Health Campus, Medavakkam Tank Road, Kilpauk, Chennai-600 010. Application for grant of Provisional Registration

	 ✓ Please tick for position applying for 											
(a)												
(c)	De-addiction cum (d) Psychiatric & De-addiction Centre Recent Photograph Rehabilitation centre (d) Psychiatric & De-addiction Centre (d)											
	Name of the of the											
2	2 Mobile + 9 1 E-mail ID											
3	3 Age											
4	Whether Existing License HolderYesNoApplication is for Fresh RegistrationYesNoIf yes fill up Col 5 </td											
5	Details of valid license / registration for establishment / maintenance of such hospital / nursing home											
6	Professional experience in Psychiatry											
-	Name & Address of the Mental Health Establishment											
7												
8	Location of the Existing / Proposed hospital / nursing home											
9	Whether Existing / Proposed building got Approval of Local body, if so details											
10	Whether the Building is own or on Rental / Lease Agreement											
11	Proposed accommodation: Number of rooms Number of beds											
Whether the minimum distance of 3 feet between beds maintained, if yes Photographs to be yes No												
attached												

12	Psychological testing facilities	Yes	No	If yes, whether Psychologist is appointed	Yes	No
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13	Facilities Provided	Out-patient service	Yes	No	If yes, average no of patients				
	In-Patient	Average No. of	f In-P	atients	Admitted in a month				

14	Occupational and recreational facilities	Yes		No	E	CT f	acili	ties	Yes	N	lo	X-	ray	faci	lity	Yes	-	No
15	Investigation and Labo	ratory	faci	lities														
																·		
16	Treatment facilities																	
17	Number of Doctors/Psy Number of Counselors			rict														
		Psych	0108	gist														
	Number of Nurses																	
	Number of Social Wor	kers																
	Number of attendees																	
	All Others																	

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 establishment / maintenance of psychiatric hospital psychiatric nursing home.

Yours faithfully,

Signature:

Date:

Place:

Encloses to be attached with the Application:

- 1. Copy of approved Building Plan.
- 2. Copy of Rental / Lease agreement.
- **3.** Staff Qualification Certificates including Psychiatrist and consent letters to work with the Hospital / Home.
- 4. 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.