

Form-B

APPLICATION FOR GRANT OF PROVISIONAL REGISTRATION/ RENEWAL OF PROVISIONAL REGISTRATION OF A MENTAL HEALTH ESTABLISHMENT

To

Chief Executive Officer, Nagaland State Mental Health Authority.
Department of Health & Family Welfare
Government of Nagaland
New Civil Sect. Kohima -797001

Dear Sir/ Madam,

I/we intend to apply for grant of fresh/renewal of provisional registration for the Mental Health Establishment namely. Details of the hospital/nursing home are given below:

1. Name of applicant.....
2. Details of existing licence with reference to the name of the authority issuing the licence 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 proposed nursing home/hospital.....
8. Proposed accommodations:
- (a) Number of rooms.....
- (b) Number of beds.....
- (c) Facilities provided:
- (d) Out-patient.....
- (e) Emergency services.....
- (f) In-patient facilities.....
- (g) Occupational and recreational facilities.....
- (h) ECT facilities (n X-Ray facilities
- (i) Psychological testing facilities.....
- (j) Investigation and laboratory facilities.....
- (k) Treatment facilities.....

Staff pattern:

(a) Number of doctors.....

(b) Number of nurses.....

(c) Number of attendees.....

(d) Others.....

I am herewith sending a Demand Draft of Rs 20,000/-(Rupees twenty thousand only) drawn in favour of State Mental Health Authority payable at Kohima as application fee.

Date: -

Yours faithfully

Place:-

Signature:

Applicant Name: