

**FORM I**

(See Rule 15)

**APPLICATION FOR MAINTAINING A PSYCHIATRIC HOSPITAL/NURSING HOME**

To,  
The Secretary  
Kerala State Mental Health Authority  
Thiruvananthapuram-35

Dear Sir/Madam,

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/maintenance of such hospital/Nursing home. The details of the hospital/Nursing home are given below.

1. Name of the 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 proposed Nursing Home/Hospital
8. Proposed accommodations.
  - (a) Number of rooms
  - (b) Number of beds

Facilities provided

- (a) Out-patient
- (b) Emergency services
- (c) In-patient facilities
- (d) Occupational and recreational facilities
- (e) ECT facilities
- (f) X-ray facilities
- (g) Psychological testing facilities
- (h) Investigation and laboratory facilities
- (i) Treatment facilities

Staff Pattern

- (a) Number of Doctors
- (b) Number of Nurses
- (c) Number of Attenders.
- (d) Others

I am herewith sending a bank draft for Rs.....

.....  
drawn in favour of the Secretary, Kerala State Mental Health Authority as license fee. I hereby undertake to abide by the rules and regulations 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

**FORM II**  
(See Rule 16)  
**APPLICATION FOR ESTABLISHMENT OF PSYCHIATRIC  
HOSPITAL/NURSING HOME UNDER SUB-SECTION (2) OF SEC.7**

To,  
The Secretary  
Kerala State Mental Health Authority  
Thiruvananthapuram-35

Dear Sir/Madam,

I/We intend to establish a Psychiatric Nursing Home/Psychiatric Hospital at.....  
.....(mention the place). I am herewith giving you the details.

1. Name of the Applicant
2. Qualification of Medical Officer to be in charge  
of Nursing Home/Hospital (Certificate to be attached).
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

Facilities provided

- (a) Out-patient
- (b) Emergency services
- (c) In-patient facilities
- (d) Occupational and recreational facilities
- (e) ECT facilities
- (f) X-ray facilities
- (g) Psychological testing facilities
- (h) Investigation and laboratory facilities
- (i) Treatment facilities

Staff Pattern

- (a) Number of Doctors
- (b) Number of Nurses
- (c) Number of Attenders.
- (d) Others

I am herewith sending a bank draft for Rs.....

.....  
drawn in favour of the Secretary, Kerala State Mental Health Authority as license fee. I hereby  
undertake to abide by the rules and regulations of the Mental Health Authority. I request you to  
consider my application and grant license.

Yours faithfully,

Signature

Name

Date