

**OFFICE OF THE STATE MENTAL HEALTH AUTHORITY:: ANDHRA PRADESH
OLD GOVERNMENT GENERAL HOSPITAL CAMPUS, VIJAYAWADA.**

Rc.No.2885/P4.B/2021

Dt.20-07-2021

Circular

Sub: APSMHA - Application are invited for Provisional Registration for Mental Health Institutions under State Mental Health Authority - Reg.

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The attention of the Government Medical Colleges and Private Medical Colleges is invited to the subject cited above, wherein you are hereby requested to register under Andhra Pradesh State Mental Health Authority who are having Psychiatric Department in your institution.

Every Mental Health establishment in the state, except the mental health establishment under the control of the Central Government, shall be registered with the state authority. Further, it is informed that as per Mental Health Act -2017 Chapter -X Section 66 (7) a provisional registration shall be valid for a **period of twelve months only** from date of its issue and be renewable.

Further, it is informed that if the private psychiatric establishments which cater their services exclusively for the treatment of persons with mental health illness and registered and regulated under the Mental Health Care Act 2017 are not required to register under the AP Private Medical Care Establishment Act 2002.

The applicant, for all Private and Autonomous Mental Health Institutions shall be paid a Demand Draft (DD) Rs.20,000/- (Rupees Twenty Thousand Only) in favouring of M/s. Chief Executive Officer, State Mental Health Authority. For Government institutions registration fee is free.

For provisional registration all Government, Private and Autonomous Mental Health Institutions shall submit their application in FORM - **B** (copy enclosed)

Enclosure: Form - B

Yours faithfully,

Signature Not Verified
Digitally signed by **DR M RAGHAVENDRA RAO**
Date: 2021.07.20 15:35:40 IST

To

- 1) All the Government and Private Medical Colleges in A.P.
- 2) SVIMS Tirupathi.

Copy to the Chairperson, APSMHA & Principal Secretary to Govt., HM&FW Dept.,
Copy to the Sf/Sc.

Form-B [See rules 11(2) and 12]

**APPLICATION FOR GRANT OF PROVISIONAL REGISTRATION, **PERMANENT, RENEWAL
OF PROVISIONAL REGISTRATION OF A MENTAL HEALTH ESTABLISHMENT**

To,
The Mental Health Authority,
The Department of Health, Medical & Family
Welfare, Government of Andhra Pradesh.
Amaravati

Dear Sir/

Madam,

I/we intend to apply for grant of provisional registration/ permanent registration/ renewal of provisional registration for the Mental Health Establishment namely.....of which I am/we are holding a valid license /registration for the establishment/ maintenance of such hospital / nursing home. Details of the hospital/nursing home are given below:

1. Name of applicants.....
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 **Mental Health Establishment
7. Address of the proposed **MHE
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 bank draft for Rsdrawn in favour of **Chief Executive Officer, State Mental Health Authority** as application 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