



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 per month		
	In-Patient	Average No. of In-Patients Admitted in a month					

14	Occupational and recreational facilities	Yes	No	ECT facilities	Yes	No	X-ray facility	Yes	No
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15	Investigation and Laboratory facilities									
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16	Treatment facilities																			

17	Number of Doctors/Psychiatrist													
	Number of Counselors / Psychologist													
	Number of Nurses													
	Number of Social Workers													
	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,

Date:

Signature:

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.