



TAMIL NADU STATE MENTAL HEALTH AUTHORITY
Institute of Mental Health Campus, Medavakkam Tank Road,
Kilpauk, Chennai-600 010

Application for Registration of Mental Health Professionals

✓ Please tick for position applying for		Recent Photograph		
(a)	Clinical Psychologist as mentioned in clause (g) of sub section 1 of Section 2 of Mental Healthcare Act,2017 <input type="checkbox"/>		(b)	Mental Health Nurse as mentioned in clause (q) of sub section 1 of Section 2 of Mental Healthcare Act,2017 <input type="checkbox"/>
(c)	Psychiatric Social Worker as mentioned in clause (x) of sub section 1 of Section 2 of Mental Healthcare Act,2017 <input type="checkbox"/>			

1	Name	
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2	Nationality	
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3	Date of Birth	D	D	M	M	Y	Y	Y	Y
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4	Gender	Male	Female	Others
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5	Contact Address	
		PIN CODE

Tel	Office		Res	
	Mobile		Email	

6. GENERAL INFORMATION:

1. Description of Qualification:

- a. For Clinical Psychologists : M.Phil (as in Sec 2(1)(g) MHC Act,2017)
- b..For Mental Health Nurses: Degree or Diploma in General Nursing
 or Degree or Diploma in Psy. Nursing
 (as in Sec 2(1) (q) MHC Act 2017)
- c. For Psychiatric Social Workers: M.Phil in Psy.Social Work (as inSec 2(1)(x)MHCA 2017)

2: Course Completed at : Tamil Nadu Others

3: Whether Certificate available as: Provisional Original Duplicate

4. Whthere any Change of Name subsequent to obtaining qualification: Yes No
(If yes attach copy Gazette notification)

5. Name of the College / Institution and address where the candidate underwent the course

6. Date,Month & Year of Passing _____

Period of the } From

D	D	M	M	Y	Y	Y	Y
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 To

D	D	M	M	Y	Y	Y	Y
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Course }

7.Name of the Council, Registration No.& Date with which candidate registered his/her name

Attach Self attested Xerox copies of Qualifications, Registration Certificate of the Council.

7. Whether employed, if so Name of the organisation and address and no .years of service

8. BANK DETAILS*

a) Name of the Bank and Branch : _____

b) D.D Number : _____ date _____

* Registration fee of Rs 500 (Rupees five hundred only) should be paid as Demand Draft in favour of Chief Executive Officer, Tamil Nadu State Mental Health Authority Chennai and enclosed with the application.

Declaration

Certified that the information given in the application are true and complete.

Signature:

Name:

Place:

Date: