




Government of Rajasthan
Directorate Medical Health and Family Welfare Department
Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur
e-mail: sno-nmhp-rj@gov.in

NHM/NMHP/SNO/SMHA/2021/288

Date 4/10/21

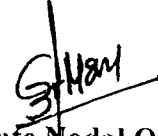
Office of the Chief Executive Officer, SMHA Department of Medical Health and Family welfare, Government of Rajasthan invites applications from eligible individuals /organizations for nomination as non-official members of the State Mental Health Authority (SMHA) and District Mental Health Review Boards to be constituted under the Mental Health care Act-2017.

The prescribed application format is available on the website of Department of Medical, Health and Family welfare (www.rajswasthya.nic.in). Last date of receipt of applications is (15 days from the date of publication of advertisement) till 5:00 PM for further details visit the website of Department of Medical Health and Family Welfare Government of Rajasthan (www.rajswasthya.nic.in)


Chief Executive Officer
State Mental Health Authority
Rajasthan

Following for information and necessary action –

1. PS to Secretary Medical and Health Department, Jaipur.
2. PS to Mission Director- NHM and Spl. Secretary Medical Health & FW, GoR.
3. Ms. Rekha Sharma, JS (NMHP) MOHFW, New Delhi.
4. Dr Sudhir Gupta, Sr. CMO (NMHP) MOHFW, New Delhi.
5. Dr Piyush. ASO (NMHP) MOHFW, New Delhi
6. Server room for mail
7. Guard file.


State Nodal Officer
National Mental Health Programme



Government of Rajasthan
Directorate Medical Health and Family Welfare Department
Swasthya Bhawan, Tilak Marg, C-Scheme, Jaipur
e-mail: sno-nmhp-rj@gov.in

NHM/NMHP/SNO/SMHA/2021/28

Date 4/10/21

Office of the Chief Executive Officer, SMHA Department of Medical Health and Family welfare, Government of Rajasthan invites applications from eligible individuals /organizations for nomination as non-official members of the State Mental Health Authority (SMHA) and Mental Health Review boards to be constituted under the Mental Health care Act-2017.

The prescribed application format is available on the website of Department of Medical, Health and Family welfare (www.rajswasthya.nic.in) shall be submitted for the following categories under Sub-Section (1) of section 46 and sub section 1 of section 74 of the Act-

Sr. No.	Category	Section of the Act
1.	One Eminent Psychiatrist from the State not in government service.	46 (1) (g)
2.	One Mental health professional as defined in clause (r) of sub-section (1) of section 2 having at least fifteen years experience in the field.	46 (1) (h)
3.	One Psychiatric social worker having at least fifteen years experience in the field.	46 (1) (i)
4.	One Clinical psychologist having at least fifteen years experience in the field.	46 (1) (j)
5.	One Mental health nurse having at least fifteen years experience in the field.	46 (1) (k)
6.	Two persons representing persons who have or have had mental illness.	46 (1) (l)
7.	Two persons representing care-givers of persons with mental illness or organizations representing care-givers.	46 (1) (m)
8.	Two Persons representing non-governmental organisations which provide services to persons with mental illness.	46 (1) (n)

9.	For district Mental Health Review Boards (in each district of Rajasthan, Two Boards in Jaipur) – Two members who shall be persons with mental illness or care-givers or persons representing organization of persons with mental illness or care-givers or non-government organization working in the field of mental health.	74 (1) d
10.	For district Mental Health Review Boards (in each district of Rajasthan, Two Boards in Jaipur) – Two members of whom one shall be a psychiatrist and the other shall be a medical practitioner.	74 (1) c

Eligibility Conditions:-

1. The applicant shall be an Indian National.
2. The applicant shall not be of the age exceeding sixty seven years.
3. Persons applying for categories under clauses (h), (i), (j) and (k) of sub-sanction (1) of section 46 shall be registered with their respective State mental Health Authorities. In Case the Sate Mental Authorities has not been constituted in the Sate where such person is working an undertaking shall be furnished to the effect that registration will be got done with the State Mental Health Authority within a month of its constitution.

Terms of office, allowances of non-official members of State Mental Health Authority:

Terms of office, allowance etc. of non- official members of State Mental Health Authority will be as per the provisions of the Metal Health care Act- 2017 & Rules 2018 and the Mental Healthcare (State Mental Health Authority) Rules, 2018.

How to apply :

Applications in the prescribed format along with required certificates/documents shall be submitted through ordinary post/speed post/by hand to Chief Executive Officer (SMHA) and Additional Mission Director NHM, Swasthya Bhawan, C-Scheme, Jaipur 302005. Last date for receipt of application is (15 days from the date of publication of advertisement) till 5:00 PM

Application form for nomination as member of the State Mental Health Authority (SMHA), Rajasthan and District Mental Health Review Boards to be constituted under the Mental Health Care Act, 2017.

Category for which Applied

If applied for District Mental Health Review Board. District for which applied

Section of the Act

1.	Name and Address in Block Letters	
2.	Date of Birth	
3.	Organization	
4.	Details of employment (if any) in chronological order. Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient.	

Sr. No.	Office/Institute /Organization	Post Held	From	To	Pay Scale	Nature of Duties
a.						
b.						
c.						
d.						

5.	Details of Experience/Eligibility under the category applied for (to be supported by relevant documents)	
6.	In case application is under clauses (h), (i), (j) and (k) of sub-sanction (1) of section 46 of the Act, whether registration done	

	with the State Mental Health authority.	
7.	If answer to (6) is no, whether undertaking enclosed.	
8.	Additional information, if any, which you would like to mention in support of your suitability of being nominated as a member of the SMHA. (Enclosed a separate sheet, if the space is insufficient.)	
9.	Remarks	

Date

Signature of the candidate

Address

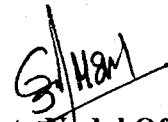
Countersigned by employer, if any



**Chief Executive Officer
State Mental Health Authority
Rajasthan**

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