

FORM I

(See rule 15)

**Application for maintaining a Psychiatric hospital/Nursing home under
sub-section (1) of section 7 of the Act.**

To

The Licensing Authority

.....

.....

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 licence for the establishment/maintenance of such hospital/nursing home. The details of the hospital/nursing home are given below:

1. Name of Applicant :
2. Details of licence with reference to the name of the Authority issuing the licence 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 sending herewith a bank draft for ₹.....drawn in favour of.....as licence 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 licence for establishment/maintenance of psychiatric hospital/nursing home.

Yours faithfully,

Place :

Signature :

Date :

Name :