

FORM II
(See rule 15)

**Application to establish a Psychiatric hospital/Nursing home under
sub-section (2) of section 7 of the Act.**

To

The Licensing Authority

.....

.....

Dear Sir/Madam,

I/We intend to establish a psychiatric hospital/psychiatric nursing home at.....(mention place). I herewith give you the details:

1. Name of the applicant :
2. Qualification of medical officer to be in charge of nursing home/hospital (Certificate to be attached) :
3. Age :
4. Professional experiences 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) Outpatient
- (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 the rules and regulations of the Mental Health Authority.

I request you to consider my application and grant the licence.

Yours faithfully,

Place :

Signature :

Date :

Name :