STATE MENTAL HEALTH AUTHORITY, KERALA
Form-1
APPLICATION FOR THE APPOINTMENT AS MEMBER OF MENTAL HEALTH REVIEW BOARDS

Category Applied for (Tick the which ever is applicable)	Mental Health Review Board(MHRB) to which applied (give order of preference as 1,2,3. in the box)
☐ 1.Persons with mental illness ☐ 2. Care-givers ☐ 3. Persons representing organizations of persons with mental illness ☐ 4. Persons representing organizations of care-givers ☐ 5. Non Governmental Organizations working in the filed of mental health	☐ Trivandum ☐ Kottayam ☐ Thrissur ☐ Kozhikode ☐ Kannur

1	Name	
2	Gender	
3	Date Of Birth (Attested copy of certificate proving date of birth should be attached)	
4	Address (with phone number&email id)	
5	Educational Qualification	
6	Occupation (current/past)	
7	Documents required to be attached for different categories	
	category 1	Self attested copy of Treatment Certificate/ Treatment record with self declaration
	category 2	Self attested copy of treatment record/certificate of the patient with declaration showing the relationship
	Category 3,4 & 5	(i) Certification from the administrative head of the organization which one is representing.

		(ii)Registration and other details of the organization(brief report on the activities of the organization should be attached)
8	Describe your experience in the field of Mental Health (separate sheet may be attached)	
9	Curriculum Vitae (to be attached)	
10	Signature with date	

STATE MENTAL HEALTH AUTHORITY, KERALA
Form-2
APPLICATION FOR THE APPOINTMENT CHAIRPERSON OF MENTAL HEALTH REVIEW BOARDS

1	Mental Health Review Board(MHRB) to which applied	(give order of preference as 1,2,3. in the box) ☐ Trivandum ☐ Kottayam ☐ Thrissur ☐ Kozhikode ☐ Kannur
2	Name	
3	Gender	
4	Date Of Birth (Attested copies of certificate proving date of birth should be attached)	
5	Address (with phone number & email id)	
6	Present Position	
7	Educational Qualification	
8	Experience	
9	If any experience in the field of Mental Health (separate sheet may be attached)	
10	Curriculum Vitae (to be attached)	
11	Signature with date	