



**GOVERNMENT OF KERALA**

Health & Family Welfare (E) Department

No. E1/5/2024-HEALTH

06-06-2025, Thiruvananthapuram

The Additional Chief Secretary to Government

The Director,  
National Health Mission Kerala  
NHM Building,  
General Hospital Jn.  
Thiruvananthapuram - 695035.

Sir,

Sub: Health & FWD - Notification for inviting applications for the selection of Non official Members, Kerala State Mental Health Authority - forwarding - reg

Ref: Notification No.E1/5/2025/H&FWD dated 05/06/2025

I am to forward herewith a copy of the notification in the reference cited along with application form and conditions and to request you to upload the same in the website [www.arogyakeralam.gov.in](http://www.arogyakeralam.gov.in).

Yours faithfully,

BIJIN

UNDER SECRETARY

For Additional Chief Secretary to Government.

Approved for Issue,

Signed by

Swapna J

Date: 06-06-2025 16:03:51

Section Officer



**Government of Kerala**  
**Health & Family Welfare Department**  
**Government Secretariat, Thiruvananthapuram**

**INVITING APPLICATIONS FOR NOMINATION AS MEMBER  
(NON-OFFICIAL) OF KERALA STATE MENTAL HEALTH  
AUTHORITY**

The Health & Family Welfare Department, Government of Kerala invites applications from eligible individuals for nomination as member (non-official) of the Kerala State Mental Health Authority (KSMHA) under the provision of Mental Health Care Act, 2017 for the following categories :-

Sl.No	Category (Qualification for each category is as stipulated in the Mental Healthcare Act, 2017)
1.	Head of any of the Mental Hospitals in the State or Head of Department of Psychiatry at any Government Medical College (Section 46 (1) (f))
2.	One Eminent Psychiatrist from the State not in government service (Section 46 (1) (g) )
3.	One Mental Health Professional* from AYUSH, having a minimum of 15 years experience in the field of mental health (Section 46 (1) (h))
4.	One Psychiatric Social Worker having a minimum of 15 years experience in the field (Section 46 (1) (i))
5.	One Clinical Psychologist having a minimum of 15 years experience in the field (Section 46 (1) (j) )
6.	One Mental Health Nurse having a minimum of 15 years experience in the field for Mental Health. (Section 46 (1) (k))
7.	Two Persons representing persons who have or have had Mental Illness (Section 46 (1) (l))
8.	Two Persons representing Care-Givers of Persons with Mental Illness or Organisations representing Care-Givers (Section 46 (1) (m))
9.	Two Persons representing Non-Governmental Organisations which provide services to Persons with Mental Illness (Section 46 (1) (n))

\* A professional having a post-graduate degree (Ayurveda) in ManoVigyan Avum Manas Roga or a post-graduate degree (Homoeopathy) in Psychiatry or a post-graduate degree (Unani) in Moalijat (Nafasiyatt) or a post-graduate degree (Siddha) in Sirappu Maruthuvam;

The interested candidates shall apply against eligible category in the prescribed format given below. Duly filled application with bio-data and supporting document superscribing the envelope “Application for nomination as Member (Non-Official), Kerala State Mental Health Authority” should reach the following address on or **before 05<sup>th</sup> July 2025 by 5.00 PM.**

The Chief Executive Officer,  
Kerala State Mental Health Authority,  
Red Cross Road, Vanchiyoore.P.O,  
Thiruvananthapuram – 695 035  
Ph:0471-247 2866.



**APPLICATION FOR NOMINATION AS MEMBER (NON-OFFICIAL)**  
**TO STATE MENTAL HEALTH AUTHORITY, KERALA**  
**(for the category under Section (46 (1)- f / g / h / i / j / k of Mental**  
**Healthcare Act, 2017)**

	CATEGORY (APPLIED FOR)	
1	NAME (In Capital letter)	
2	ADDRESS	
3	CONTACT NO.	
4	EMAIL ID.	
5	GENDER	
6	DATE OF BIRTH*	
7	EDUCATIONAL QUALIFICATION*	
8	PROFESSIONAL QUALIFICATION & REGISTRATION * (If required)	
9	CURRENT POSITION*	
10	PROFESSIONAL WORK EXPERIENCE:*	
11	SPECIAL INTEREST	
12	DESCRIBE YOUR EXPERIENCE IN THE FIELD OF MENTAL HEALTH: (in 10 sentences)	
DATE : PLACE :		SIGNATURE

\*Documentary proof to be attached

(For details, please go through section 46 (1) of Mental Healthcare Act 2017)

**APPLICATION FOR NOMINATION AS MEMBER (NON-OFFICIAL)**  
**TO STATE MENTAL HEALTH AUTHORITY, KERALA**  
**(for the category under Section (46 (1)- l/ m/ n of Mental Healthcare**  
**Act, 2017)**

	CATEGORY (APPLIED FOR)		
1	NAME		
2	ADDRESS		
3	CONTACT NO.		
4	EMAIL ID.		
5	GENDER		
6	DATE OF BIRTH*		
7	EDUCATIONAL QUALIFICATION*		
8	OCCUPATION AND OFFICIAL ADDRESS		
9	REPRESENTING PERSONS WHO HAVE OR HAVE HAD MENTAL ILLNESS (under section 46 (1) (l))		
	Documents supporting the claim*	Yes	No
10	REPRESENTING CAREGIVERS OF PERSONS WITH MENTAL ILLNESS OR ORAGNISATIONS REPRESENTING CAREGIVERS. (under section 46 (1) (m)) A. Relationship with the person with mental illness		
	B. Documentary proof for mental illness of the mentioned relative*	Yes	No
11	REPRESENTING NON GOVERNMENTAL ORGANISATIONS WHICH PROVIDE SERVICES TO PERSONS WITH MENTAL ILLNESS. (under section 46(1) (n)) A. Name of organisation and current position in the organisation		
12	B. Registration and other details of organisation *		
13	EXPERIENCE IN THE FIELD OF MENTAL HEALTH: (In 10 Sentences) (In the case of application is made under Section 46 (1) (m) & (n))		
DATE : PLACE :		SIGNATURE	

\*Documentary proof to be attached  
(For details, please go through section 46 (1) of Mental Healthcare Act 2017)