Keralam State Mental Health Authority

(Constituted under section 45 of the Mental Healthcare Act 2017)

No A/514/2026/SMHA 23.10.2026

1. ആരോഗ്യ വകുപ്പ് ഡയറക്ടർ
   തിരുവനന്തപുരം.

2. മെഡിക്കൽ വിദ്യാഭ്യാസ ഡയറക്ടർ
   തിരുവനന്തപുരം.

3. ഡയറക്ടർ
   ഇൻഡ്യൻ സിസ്റ്റം ഓഫ് മെഡിസിൻസ്
   തിരുവനന്തപുരം.

4. സ്റ്റേറ്റ് മിഷൻ ഡയറക്ടർ
   നാഷണൽ ഹെൽത്ത് മിഷൻ
   തിരുവനന്തപുരം.

5. പ്രോജക്ട് ഡയറക്ടർ
   ഇ-ഹെൽത്ത് മിഷൻ
   തിരുവനന്തപുരം.

സർ,

വിഷയം : KSMHA – കണ്ണൂർ & കോഴിക്കോട് മെന്റൽ ഹെൽത്ത് റിവ്യൂ ബോർഡുകളിലെ അംഗങ്ങളുടെ (സൈക്യാട്രിസ്റ്റ് & മെഡിക്കൽ പ്രാക്ടീഷണർ) നിയമനം – സംബന്ധിച്ച്.

സൂചന : 23.10.2026 ലെ A/514/2026/SMHA എന്ന നമ്പർ വിജ്ഞാപനം.

സൂചനയിലേക്ക് ശ്രദ്ധ ക്ഷണിക്കുന്നു. കണ്ണൂർ മെന്റൽ ഹെൽത്ത് റിവ്യൂ ബോർഡിലെ സൈക്യാട്രിസ്റ്റ് അംഗത്തിന്റെയും കോഴിക്കോട് മെന്റൽ ഹെൽത്ത് റിവ്യൂ ബോർഡിലെ മെഡിക്കൽ പ്രാക്ടീഷണർ അംഗത്തിന്റെയും നിയമനം സംബന്ധിച്ച് സൂചന പ്രകാരം ഇതോടൊപ്പം ഉള്ളടക്കം ചെയ്തിട്ടുള്ള വിജ്ഞാപനം താങ്കളുടെ സ്ഥാപനത്തിന്റെ ഔദ്യോഗിക വെബ്സൈറ്റിലും നോട്ടീസ് ബോർഡിലും പ്രസിദ്ധികരിക്കുവാൻ അഭ്യർത്ഥിക്കുന്നു.

വിശ്വസ്തതയോടെ,

ഡോ.മിലി ബാബു
ചീഫ് എക്സിക്യൂട്ടീവ് ഓഫീസർ

KERALA STATE MENTAL HEALTH AUTHORITY THIRUVANANTHAPURAM-35

RED CROSS ROAD, THIRUVANANTHAPURAM PIN-695 035, SOUTH INDIA. TEL/FAX : 0471 2472866
Website.www.ksmha.org. e-mail: mentalhealthauthoritykerala@gmail.com

INVITING APPLICATIONS FOR APPOINTMENT OF MEMBER TO THE MENTAL HEALTH REVIEW BOARD

No. A/514/2026/SMHA Dated : 23.10.2026

The Keralam State Mental Health Authority invites applications from interested persons possessing the requisite qualifications for appointment to the following position in the **Mental Health Review Board, Kannur and Kozhikode** constituted as per Notification no. A/217/2017/KSMHA dated 25.01.2021 (available at www.ksmha.org).

Sl. No	Name of position	Educational Qualifications	Station	Number of the Position
1.	Member - **Psychiatrist** (As per section 74(1) (c) of Mental Healthcare Act, 2017).	As per Section 2(1)(y) of Mental Healthcare Act 2017	Kannur	1
2.	Member - **Medical Practitioner** (As per section 74(1) (c) of Mental Healthcare Act, 2017).	As per Section 2(1)(n) of Mental Healthcare Act, 2017	Kozhikode	1

Submission of Applications

The application along with self-attested copies of certificates/ documents proving age, educational qualifications, experience, etc may be submitted within the envelop super scribing "**Application for the appointment of Member of the Mental Health Review Board, Kannur/ Kozhikode**" to the Chief Executive Officer, Keralam State Mental Health Authority, Red Cross Road, Trivandrum – 695 035 by post/ by hand.

The last date of submission of application is 10.11.2026 (Tuesday) before 5.15 PM.

Disqualification of the Members of the Review Boards

As per section 74 (2) A person shall be disqualified to be appointed as the chairperson or a member of a Board or be removed by the State Authority, if he -

a. has been convicted and sentenced to imprisonment for an offence which involves moral turpitude; or

b. is adjudged as an insolvent; or

c. has been removed or dismissed from the service of the Government or a body corporate owned or controlled by the Government; or

d. has such financial or other interest as is likely to prejudice the discharge of his functions as a member; or

e. has such other disqualifications as may be prescribed by the Central Government

As per Rule 19 of the Mental Healthcare (Central Mental Health Authority and Mental Health Review Boards) Rules, 2018, notified by the Central Government as G.S.R. 507 (E) dated 29th May, 2018) in addition to the disqualifications specified in clauses (a) to (e) of sub-section (2) of section 74, a chairperson or a member of the Board appointed by the State Authority shall stand disqualified for the purposes of said sub-section (2), if he holds-

(i) any full-time or part-time assignment that prevents him from giving adequate time and attention to the work of the Board under the provisions of the Act and the rules made there under; or

(ii) any office in any political party during his tenure of office in the Board.

Terms and conditions of the service of Member of the Board:-

The Member of the Board shall hold office for a term of five years or up to the age of seventy years, whichever is earlier and shall be eligible for reappointment for another term of five years or up to the age of seventy years whichever is earlier. The appointment of member of Board shall be made by the Chairperson of the State Authority.

The honorarium and other allowances payable to, member of the Board shall be as follows [G.O.(Rt) No. 2188/2023/H&FWD dated 24.08.2023].

i) For Serving Government Psychiatrist/ Medical Practitioner– Honorarium of Rs.2000/- per month.
ii) For retired Government Psychiatrist/ Medical Practitioner – Honorarium limited to Rs.50,000/- [Last pay – pension (before commutation)]. Not eligible for DA and HRA.
iii) In case of person not belonging to either of above category being nominated - Honorarium will be Rs. 1,000/- per sitting + TA.

For more details, refer to

(i) The Mental Healthcare Act, 2017 which is available on the official website of KSMHA (www.ksmha.org).
(ii) The Mental Healthcare (Central Mental Health Authority and Mental Health Review Boards) Rules, 2018, notified by the central Government as G.S.R. 507 (E) dated 29th May, 2018).

APPLICATION FORM FOR THE APPOINTMENT OF MEMBER IN MENTAL HEALTH REVIEW BOARD, KANNUR

NAME OF THE POST		Member **(Psychiatrist)** in Mental Health Review Board, Kannur. As per section 74(1)(c) of Mental Healthcare Act, 2017.	
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	Self attested copies of certificates of degree, post graduation and medical council registration	
8	Describe your experience in the field of Mental Health (separate sheet may be attached)		
9	Curriculum Vitae (to be attached)	YES	NO

Declaration

I……hereby declare that all the information submitted by me in the application form is correct, true and valid. I will present the supporting documents as and when requested.

Place : Signature

Date :

APPLICATION FORM FOR THE APPOINTMENT OF MEMBER IN MENTAL HEALTH REVIEW BOARD, KOZHIKODE

NAME OF THE POST		Member **(Medical Practitioner)** in Mental Health Review Board, Kozhikode. As per section 74(1)(c) of Mental Healthcare Act, 2017.	
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	Self attested copies of certificates of degree, post graduation and medical council registration	
8	Describe your experience in the field of Mental Health (separate sheet may be attached)		
9	Curriculum Vitae (to be attached)	YES	NO

Declaration

I……hereby declare that all the information submitted by me in the application form is correct, true and valid. I will present the supporting documents as and when requested.

Place : Signature

Date :