

TAMIL NADU STATE MENTAL HEALTH AUTHORITY

Tamil Nadu State Mental Health Authority invites applications from eligible individuals for nomination as members of the Tamil Nadu State Mental Health Authority constituted under the Mental Healthcare Act, 2017. The applications in the prescribed format available on the website of www.tnhealth.org shall be submitted for the following categories:

No	Categories of persons as defined in various clauses mentioned below under sub-section (1) of Section 2 of Mental Healthcare Act, 2017 available on the egazette in the following link http://www.egazette.nic.in/writereaddata/2017/175248.pdf
1	One Eminent psychiatrist as defined in clause (y)
2	One mental health professional as defined in item (iii) of clause (r) having at least fifteen years experience in the field.
3	One Psychiatric social worker as defined in clause (x) having at least fifteen years experience in the field
4	One Clinical psychologist as defined in clause (g) having at least fifteen years experience in the field
5	One Mental health nurse as defined in clause (q) having at least fifteen years experience in the field

Eligibility Condition

- (a) should be an Indian National; (b) Age not exceeding sixty-seven years; (c) possesses qualification and experience in the relevant subject / field. (d) should not be a member of Central Mental Health Authority .
- (b) Term of office and allowances: The member nominated shall hold his office for a term of three years at a time from the date of his nomination.
- (c) Members attending the meeting of the Authority are entitled to sitting allowance, travelling allowance, daily allowance and such other allowances as are applicable to non-official members of the Commissions and Committees of the State Government attending the meetings of such Commission or Committee.
- (d) Interested applicants may download application form given below and submit it along with copies of certificates / documents by post/speed post/by hand to Chief Executive Officer Tamil Nadu State Mental Health Authority, Institute of Mental Health Campus, Medavakkam Tank Road, Kilpauk, Chennai-600 010.. Last date for submission of application and documents 5.00 PM , 23rd November, 2018.

7. Details of employment in 15 years down the line from 2018:

Sl. No.	Organization	Position held	Period		Award / Reward received if any (If yes enclose copy)
			From	To	

8. Membership with any Professional Association/establishment/academia (Provide details and attach copies, if any)

Name of the Association/ Establishment /Academia	Membership Number	From	To

9. What do you consider as your significant achievements in the field (Maximum 100 words only)

Declaration

Certified that the information given in the application are true and complete.

Place:
Date:

Signature:
Name:

