



**Government of West Bengal  
Health & Family Welfare Department  
GN-29, SwasthyaBhawan, 2<sup>nd</sup> Floor, B-Wing  
Sector – V, Salt-Lake City, Kolkata – 700091  
Email: ddhsmentalhealth@yahoo.com; Ph: 033 2333 0211**

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Memo No. HFW-18099/34/2022-PHP SEC-Dept. of H&FW/MH/A-38

Date: 06.06.2022

The Department of Health & Family Welfare, Government of West Bengal invites applications from eligible individuals/organizations for nomination as non-official members of the West Bengal Mental Health Authority constituted under Mental Healthcare Act, 2017.

The applications in the prescribed format available on the website of Department of Health & Family Welfare ([www.wbhealth.gov.in](http://www.wbhealth.gov.in) under notice section) shall be submitted by speed post only.

Last date for receipt of applications 5 PM, 08<sup>th</sup> July, 2022.

-Sd-  
Chairperson  
West Bengal Mental Health Authority

**Government of West Bengal  
Department of Health & Family Welfare**

The Department of Health & Family Welfare, Government of West Bengal invites applications from eligible individuals/organizations for nomination as non-official members of the West Bengal Mental Health Authority constituted under Mental Healthcare Act, 2017.

The applications in the prescribed format available on the website of Department of Health & Family Welfare ([www.wbhealth.gov.in](http://www.wbhealth.gov.in)) shall be submitted for the following categories under sub-section(1) of Section 46 of the said Act:

| Sl. No. | Category                                                                                                                                                                                       |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1       | Eminent Psychiatrist from the state not in Government Service                                                                                                                                  |
| 2       | Mental Health Professional as defined in item (iii) of clause (r) of sub – section (i) of section (2) of the Mental Healthcare Act, 2017 having at least fifteen years experience in the field |
| 3       | Psychiatric Social Worker having at least fifteen years' experience in the field                                                                                                               |
| 4       | Clinical Psychologist having at least fifteen years' experience in the field                                                                                                                   |
| 5       | Mental Health Nurse having at least fifteen years' experience in the field of Mental Health                                                                                                    |
| 6       | Persons representing persons who have or have had mental illness                                                                                                                               |
| 7       | Persons representing care-givers of persons with mental illness or organizations representing care-givers                                                                                      |
| 8       | Persons representing non-governmental organizations which provide services to persons with mental illness                                                                                      |

**Eligibility Conditions:**

1. The applicant shall be an Indian National.
2. The applicant shall not be of the age exceeding 67 years.
3. Since, West Bengal Mental Health Authority, West Bengal has not developed digital platform, persons applying for categories (h), (i), (j), (k) of sub-section (i) of section (46) of the Mental Healthcare Act, 2017, corresponding to serial no. 2,3,4,5 will give undertaking to the effect that registration will be done with the West Bengal Mental Health Authority within a month of development of its digital platform.

**Terms of office, allowances etc. of non-official members of West Bengal Mental Health Authority:**

The Term of office, allowances etc. of non-official members of West Bengal Mental Health Authority will be as may be specified by the Department of Health & Family Welfare, Government of West Bengal.

**How to apply:**

Applications in the prescribed format along with required certificates/documents shall be submitted through speed post only to the DDHS NCD-II, Swasthya Sathi Building, 3<sup>rd</sup> Floor, NCD Section, Swasthya Bhawan, Bidhannagar, Sector- V, Kolkata-700091. Last date for receipt of applications 08<sup>th</sup> July, 2022.

Prescribed format application is available on the website of Department of Health & Family Welfare ([www.wbhealth.gov.in](http://www.wbhealth.gov.in))

**Application form for selection for nomination as non official member of the West Bengal Mental Health Authority constituted under the Mental Healthcare Act, 2017**

Category for which applied: \_\_\_\_\_

|    |                                                                                                                                                                                                      |           |      |    |              |                  |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|----|--------------|------------------|
| 1. | Name and Address in Block Letters                                                                                                                                                                    |           |      |    |              |                  |
| 2. | Date of Birth                                                                                                                                                                                        |           |      |    |              |                  |
| 3. | Attached with Organization if any                                                                                                                                                                    |           |      |    |              |                  |
| 4. | Details of employment (if any) in chronological order, Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient                                            |           |      |    |              |                  |
|    | Office/Instt./Orgn.                                                                                                                                                                                  | Post Held | From | To | Scale of Pay | Nature of duties |
|    |                                                                                                                                                                                                      |           |      |    |              |                  |
|    |                                                                                                                                                                                                      |           |      |    |              |                  |
|    |                                                                                                                                                                                                      |           |      |    |              |                  |
|    |                                                                                                                                                                                                      |           |      |    |              |                  |
| 5. | Details of experience under the category applied for (to be supported by relevant documents)                                                                                                         |           |      |    |              |                  |
| 6. | If the registration with the West Bengal Mental Health Authority not done due to non formation of SMHA , an undertaking submitted or not (Yes/No)                                                    |           |      |    |              |                  |
| 7. | Additional information, if any, which you would like to mention in support of your suitability of being nominated as a member of the WBMHA.( Enclose a separate sheet, if the space is insufficient) |           |      |    |              |                  |
| 8. | Remarks                                                                                                                                                                                              |           |      |    |              |                  |

Date..... Signature of the  
Candidate.....

To,  
The Chairman  
West Bengal Mental Health Authority, West Bengal

Dated:

Sir,

I, Dr./Mr./Ms. \_\_\_\_\_ do hereby give an undertaking that, as soon as the provision of registration under West Bengal Mental Health Authority will be started, I shall register myself under the said Authority. In case, I fail to register even after registration process is started, my selection as non-official member of West Bengal Mental Health Authority will be cancelled.

Signature

Full Name:

Address:

Contact No.