

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

The Chairman, West Bengal Mental Health Authority, Department of Health & Family Welfare, Government of West Bengal invites applications from eligible individuals/organizations for nomination as members of different Mental Health review Board, 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 10.03.2023.

-Sd-  
Chairman  
West Bengal Mental Health Authority

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

The Chairman, West Bengal Mental Health Authority, Department of Health & Family Welfare, Government of West Bengal invites applications from eligible Individuals/organizations for nomination as members of Mental Health Review Boards 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(4) of Section 73 of the said Act:

Category No.	
1	Person with Mental Illness or
2	Care Givers of patient of mental illness or
3	Persons representing organizations of persons with mental illness or
4	Persons representing organizations of persons with care givers or
5	Non-governmental organizations working in the field of mental health or

**Two members from the above categories will be selected for each of the following Mental Health Review Boards:**

Sl. No.	Name of the Board
1	Coochbehar Mental Health Review Board for the Districts of Alipurduar & Coochbehar
2	Darjeeling Mental Health Review Board for the Districts of Darjeeling, Kalimpong & Jalpaiguri
3	Malda Mental Health Review Board for the Districts of Malda, Uttar Dinajpur & Dakhin Dinajpur
4	Murshidabad Mental Health Review Board for the Districts of Murshidabad & Nadia
5	North 24 Parganas Mental Health Review Board for the Districts of North 24 Parganas & Basirhat HD
6	South 24 Parganas Mental Health Review Board for the Districts of South 24 Parganas, Diamond Harbour HD & Howrah
7	KMC Mental Health Review Board for the KMC area & Hooghly
8	Purba Bardhaman Mental Health Review Board for the Districts of Purba Bardhaman, Rampurhat HD, Birbhum & Paschim Bardhaman
9	Purulia Mental Health Review Board for the Districts of Purulia, Bankura & Bishnupur HD
10	Paschim Medinipur Mental Health Review Board for the Districts of Paschim Medinipur, Purba Medinipur, Nandigram HD & Jhargram

**Eligibility Conditions:**

1. The applicant shall be an Indian National.
2. The applicant shall not be of the age exceeding 70 years.

**Terms of office, allowances etc, of members of Mental Health Review Board:**

The Term of office, allowances etc. of members of Mental Health Review Boards will be as per the provisions of the Mental Healthcare Act, 2017.

**How to apply:**

Applications in the prescribed format along with required certificates/documents shall be submitted through speed post to the DDHS NCD-II, Swasthya Sathi Building, 3<sup>rd</sup> Floor, NCD Section, Swasthya Bhawan, Bidhannagar, Sector- V, Kolkata-91. Last date for receipt of applications 10.03.2023.

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 nomination as members of Mental Health Review Boards constituted under  
Mental Healthcare Act, 2017.**

Name of the Category with number for which applied \_\_\_\_\_

Name of the Mental Health Review Board for which applied \_\_\_\_\_

1.	Name	
2.	Address in Block Letters	
3.	Date of Birth	
4.	Attached with Organization if applicable	
5.	Contact No.	
6.	Email address	

Documents required:

1. Xerox copy of Aadhar Card/ Epic Card
2. Xerox Copy of Documents in support of category applied for
  - i) **For category 1** – Current Prescription of Psychiatrist and certificate from the concerned Psychiatrist indicating the diagnosis and duration of suffering
  - ii) **For Category 2** – Self declaration of care giver with a current Prescription of the patient for whom care is being given from Psychiatrist and certificate from the concerned Psychiatrist indicating the diagnosis and duration of suffering
  - iii) **For category 3** – Certificate from the President or Secretary of the organization of persons with mental illness and credential of the organization.
  - iv) **For category 4** – Certificate from the President or Secretary of the organization of persons with care givers and credential of the organization.
  - v) **For category 5** - Certificate from the President or Secretary of NGO working in the field of mental health and credential of the organization.

Date.....

Signature of the Candidate.....