

**APPLICATION FOR ESTABLISHMENT OF PSYCHIATRIC  
HOSPITAL/NURSING HOME UNDER SIB-SECTION (2) OF SEC.7**

To,  
The Director of Health Services  
Govt. of Maharashtra, Mumbai 1.

Dear Sir/Madam,

I/We intend to establish a Psychiatric Nursing Home/Psychiatric Hospital at (Mention the place). I am herewith giving you a detail.

- 1) Name of the Applicant :-
- 2) Qualification of Medical Officer :-  
to be in charge of Nursing  
Home/Hospital (Certificate to be  
attached)
- 3) Age :-
- 4) Professional experience in :-  
Psychiatry
- 5) Permanent Address of the :-  
applicant
- 6) Location of the proposed :-  
Hospital/Nursing Home
- 7) Address of the proposed Nursing :-  
Home/Hospital
- 8) Proposed accommodations :-
  - (c) Number of rooms, :-
  - (d) Number of beds :-  
Facilities provided;
    - (a) Out-patient
    - (b) Emergency Services
  
    - (c) In-patient facilities

- (d) Occupation and recreational facilities
- (e) ECT facilities
- (f) X-ray facilities
- (g) Psychological testing facilities
- (h) investigation and Laboratory facilities
- (i) Treatment facilities

Staff Patter:

- (a) Number of Doctors
- (b) Number of Nurses
- (c) Number of Attenders
- (d) Others

I am herewith sending a bank draft for Rs. 1000/- Drawn in favor of " Director, Health Services, Mumbai" as license fee.

I hereby undertake to abide by the rules and regulation of the Mental Health Authority. I request you to consider my application and grant license.

Yours truly,

Signature  
Date:-