

Government of Arunachal Pradesh
Directorate of Health Services, Naharlagun
Arunachal Pradesh State Mental Health Authority

Advertisement No. SMHA/01/Correspondences/GOI/2024	Dated:14th August 2026
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Letter of expression is hereby invited for empanelment of the following members in the Arunachal Pradesh State Mental Health Authority under SMHA Rule 3 (Chapter II) and in reference to the Mental Health Care Act 2017 as **Non-official Member**.

Sl. No.	Particulars	Positions to be filled	Eligibility criteria
1	Mental Health Professional	1 (One)	Psychiatrist possessing post graduate degree or diploma / A professional registered with the concerned State Authority under Section 55 (Clinical Psychologist / Mental Health Nurse / Psychiatric Social Worker) of MHCA / a professional having post graduate degree in Ayurveda in Mano Vigyan Avum Manas Roga / Post Graduate degree in Homoeopathy in Psychiatry / Post Graduate degree in Homoeopathy in Unani in Moalijat (Nafasiyatt) / Post Graduate degree in Siddha in Sirappu Muruthuvam with 15 yrs experience in the Mental Health field
2	Psychiatric Social Worker	1 (One)	Possessing post graduate degree in Social Work or Master of Philosophy in Psychiatric Social Work with 15 yrs experience in the Mental Health field
3	Clinical Psychologist	1 (One)	Possessing a recognized qualification in Clinical Psychology from an institution approved and recognized by the Rehabilitation Council of India or a Post-Graduate degree in Psychology or Clinical Psychology or Applied Psychology and a Master of Philosophy in Clinical Psychology or Medical and Social Psychology with 15 yrs experience in the Mental Health field
4	Mental Health Nurse	1 (One)	Possessing diploma or degree in general nursing / psychiatric nursing with 15 yrs experience in the Mental Health field
5	Persons who have or have had mental illness	2 (Two)	Persons who have or have had mental illness
6	Persons representing care givers of persons with mental illness or organizations representing care givers	2 (Two)	Representing care givers of persons with mental illness or organizations representing care givers
7	Persons representing non-governmental organizations which provide services to persons with Mental illness	2 (Two)	Representing non-governmental organizations which provide services to persons with Mental illness

1. Request for invitation

The intent of empanelment is with reference to the Mental Health Care Act 2017 and APSMHA Rules.

2. Last date for submission of Letter of Expression (LOE): 15th September 2026

3. Submission Process

The following documents / papers must be submitted for the empanelment to be considered:

- a) Educational qualification
- b) Undertaking stating that the persons having experience in Mental Health work / field / Psychiatric counselling and treatment
- c) Details of experience in the field along with documentary proof

4. Other Terms and Conditions

- a) The application may be submitted in Annexure-I.
- b) Even though application may satisfy the above requirements, the same may be disqualified for the following reasons:
 - i. If misleading or false representation of facts are made or deliberately suppressed in the information provided in the forms, statements, and enclosures of this document.
 - ii. If confidential inquiry reveals facts contrary to the information provided by the applicant or unsatisfactory performance in any of their previous engagement.
- c) All members must follow the guidelines / directions as decided by the competent authority on case-to-case basis.
- d) Any member can be debarred if the performance during the execution of SMHA activities or compliance to the guidelines / directions is found to be unsatisfactory.
- e) Commissioner, Health & FW, Govt Chairman, Arunachal Pradesh Mental Health Authority reserves the right to accept or reject any or all the applications either fully or partly at any stage without assigning any reason.
- f) The remuneration / honorarium shall be provided as defined in SMHA Rules and subject to the approval of competent authority and availability of fund.

5. Validity of Empanelment

Will be governed by notified SMHA Rules & procedures.

6. Selection Procedure

Selection of members shall be done by the designated board appointed by competent authority and accordingly it will be informed.

7. How to apply

Application / Letter of Expression (LOE) should be submitted in the Mental Health Branch of Directorate of Health Services, Papu village, Naharlagun in sealed envelope addressing to Director of Health Services cum Member Secretary, Arunachal Pradesh State Mental Health Authority.

ANNEXURE-I

Format of Application

Letter No. _____ Date: _____

To

The Director of Health Services
Cum Member Secretary, Arunachal Pradesh State Mental Health Authority.
Govt. of Arunachal Pradesh
Directorate of Health Services
Naharlagun

Sub: Application for empanelment as member of Arunachal Pradesh State Mental Health Authority regarding.

Dear Sir,

I, _____, having the qualification as per desired eligibility criteria and interested and willing to empanel as member of Arunachal Pradesh State Mental Health Authority

Detail information as mentioned below:

1.	Full Name in bold letter	
2.	Age	
3.	Sex	
4.	Email id & Mobile/Phone No.	
5.	Permanent Address	
6.	Address for communication	
7.	Educational Qualification	
8.	Experience details with documentary proofs.	

I hereby declare that the above information is true & correct to the best of my knowledge and belief.

(Authorized Signature & Seal)