FORM - D

[See regulation 15]

**FILING OBJECTIONS AGAINST GRANT OF PERMANENT REGISTRATION TO A CENTRAL MENTAL HEATLH ESTABLISHMENT**

The Chairperson,

Central Mental Health Authority……………………………………………..

It is in my knowledge that the Mental Health Estatblishment (name) ……………………………………………………

Situtated at ………………………………………………….does not fulfill the following requirements for registration under section 65 (4) of the Mental Health Care Act, 2017 (10 of 2017) and the rules and regulations made thereunder.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I enclose the following in support of what is stated above:



Please take necessary action accordingly

Address:

Mobile number:

E-mail:

Signature:………..……………………

Name:…………………………………

Date:

Enclosure: