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DEPARTMENT OF SOCIAL JUSTICE & EMPOWERMENT
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ORDERS BY THE GOVERNOR OF ASSAM

NOTIFICATIONS

Dated Dispur the 08th January 2025

eCF No.- 570133/32: In the interest of Public Service, the Governor of Assam is pleased to hereby notify the annexed Standard Operating Procedure (SoP) / Guidelines for Registration & Maintenance of "**Homes for Homeless Mentally Retarded (Intellectual Disability) Persons & Children**" in the State of Assam.

The SoP will come into force w.e.f. 08-01-2025.

Signed by

Kausar Jamil Hinary

(K. J. Hinary, IAS)
 Secretary to Govt. of Assam
 Date: 08-01-2025 15:21:38
 Department of Social Justice & Empowerment

Dispur, Guwahati-06

Memo NO:eCF No.-570133/32-A

Dated Dispur the 08th January 2025

Copy to:

1. The Principal Secretary, Women & Child Development Department for information.
2. The Commissioner & Secretary to the Govt. of Assam, Home & Political Department for information.
3. The Commissioner & Secretary to the Govt. of Assam, Medical Education & Research Department for information.
4. The Commissioner & Secretary to the Govt. of Assam, Department of Social Justice & Empowerment for information.
5. The Commissioner & Secretary to the Govt. of Assam, Department of Health & Family Welfare for information.
6. The Director, Social Justice & Empowerment, Beltola, Guwahati-28 for information.

(e-Signed)

Secretary to Govt. of Assam

Department of Social Justice & Empowerment

Dispur, Guwahati-06



**Directorate
Of
Social Justice & Empowerment, Assam.**

**Standard Operating Procedure (SOP) for Registration &
Maintenance of “Homes for Homeless Mentally Retarded
(Intellectual Disability) Persons & Children” (2024)**

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PREFACE

The Directorate of Social Justice and Empowerment, Assam, Government of Assam has prepared a Standard Operating Protocol (SOP) for regulating the Mental Retardation Homes/ Centres operating in the State of Assam. The creation of the Standard Operating Protocol (SoP) main aim is to serve the needs of people affected by mental disabilities, enhance their quality of life and build networks that ensure the delivery of care within the community. This SoP will guide and help all those involved in the provision of Mental Health Services. This SoP is prepared to provide stepwise detailed instruction for qualitative, effective and smooth functioning of Halfway Homes for Homeless Mentally retarded Persons in the state of Assam.

Mental Retardation is a neurodevelopmental condition that affects one's ability to learn and perform daily activities. It impacts behavior, social skills and the ability to maintain hygiene and care for oneself. The term 'Mental Retardation' is no longer used as many people find it offensive. Hence it has been replaced by the term 'Intellectual Disability(ID)' also known as 'Intellectual Development Disorder(IDD)'. The year 1552 B.C. marks the first recorded reference to mental retardation, scribed in an obscure document called the Therapeutic Papyrus of Thebes. This SoP is prepared to empower persons with 'Intellectual Disability(ID)' to function in their daily lives, restore their self-esteem, improve their overall quality of life and reconnect with their families if any family members exit.

The National Mental Health Survey conducted in three districts of Assam namely- Dibrugarh, Barpeta and Cachar. As per the National Mental Health Survey conducted by Lokopriya Gopinath Bordoloi Regional Institute of Mental Health Tezpur in 2015-2016, nearly 5.85% of people of Assam (those above 18 years) are in need of active interventions for one or more mental health issues. Common mental health disorders (6.5%), severe mental health disorders(0.6%) and substance use problems(27.85%) coexist. The present mental health system in the state is poorly organized, fragmented and uncoordinated to address these problems. This SOP will ensure qualitative and effective solutions to bring stability to the lives of people with mental retardation. As per census 2011, there are 15,05,624 mentally retarded persons in India and in Assam there are 26,374 mentally retarded persons. As per the provisions of the Persons with Disabilities(Equal Opportunities, Protection of Rights & Full Participation) Act, 1995, the state Governments are mandated to develop scheme / programs for education, rehabilitation, social security, health care of persons with disabilities including mentally retarded persons. The State Governments can exclusively frame suitable schemes to take care of homeless mentally retarded persons.

This SoP calls for a multifaceted interventions that involves the family, community, government, voluntary organization that aims at the rehabilitation and reintegration of individuals with mental health Problems. This SoP is prepared keeping in consideration off Mental Healthcare Act, 2017, Rights of Persons with disability Act (RPWD) 2016, Juvenile Justice Act 2015, and the finding of The National Mental Health Survey 2015-2016.

1. Introduction:

Mental Illness means a substantial disorder of thinking, mood, perception, orientation of memory that grossly impairs judgment, behavior, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include **Mental Retardation** which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence. (Mental Healthcare Act, 2017)

Intellectual disability, a condition characterised by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of every day, social and practical skills, including—

(a) “specific learning disabilities” means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;

(b) “autism spectrum disorder” means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behavior's. (Section 2(zc) of the SCHEDULE under the Rights of Persons with Disabilities (RPwD) Act, 2016.)

2. Aims and Objectives of “Home for Homeless Mentally Retarded (Intellectual Disability) Persons and Children”:

Mentally Retarded (Intellectual Disability) persons are not mentally ill persons – There is confusion even amongst the legal community that Mentally Retarded (Intellectual Disability) people are mentally ill. They are, therefore, treated as persons with disabilities under Section 2 of the SCHEDULE under the Rights of Persons with Disabilities (RPwD) Act, 2016.

Intellectual Disability (Mental retardation) is a primary health problem in the world today. When an inmate is diagnosed with intellectual disability, they become a part of acquiring long term services as they are different and their needs are special. Homes to provide these services for the foreseeable future are called “Home for Homeless Mentally Retarded (Intellectual Disability) Children & Persons”.

This SOP provides information on the protective measures to be taken towards creation and management of Rehabilitation Home for Mentally Retarded (Intellectual Disability) persons and children known as “Home for Homeless Mentally Retarded (Intellectual Disability) Persons and Children”. These Rehabilitation Homes are to be set up so that the inmates learn the social and other skills necessary to integrate or re-integrate into society.

The mentally challenged Homeless people need extra care and treatment than the normal ones. They cannot make adjustments with the normal people. As such, they require to be kept at a single home by deploying caretakers and doctors. Mentally Retarded (Intellectual Disability) persons suffer

From mental disabilities due to developmental disorders. Mental retardation of permanent nature is not curable, therefore, if the inmates' condition doesn't improve or families cannot be identified; assistance is required to be elicited from police authorities of various States, in order to register FIRs and make efforts to trace families of deinstitutionalized inmates, and to include the details of such persons in the National Missing Database.

3. Registration Procedure for the Home for Mentally Retarded Persons:

- The implementing agencies which are running Home shall be registered under the Rights to Persons with Disabilities Act (RPWD) 2016 (under Section 50 & 51), and shall comply with all the standards and other requirements to be observed by under the law. The implementing agencies/ Voluntary organizations/NGO's shall apply for registration/ renewal of registration under RPwD Act, 2016 in the concerned district social welfare office and DSWO will submit the project proposal along with inspection report to Directorate of Social Justice & Empowerment (DoSJ&E) for final verification and approval.
- The implementing agencies which are running Home shall be registered as mental health establishments (under sub section (1) of section 65 of the Mental Healthcare Act, 2017) and shall comply with all the standards and other requirements to be observed by under the law.
- The implementing agencies which are running Home shall be registered under Juvenile Justice Act, 2015 to accommodate Children and Juveniles with Mental Retarded And shall comply with all the standards and other requirements to be observed as per the law.
- The amount of service charge may be fixed after the service is brought under Sewa Setu.

4. Procedure for rescue treatment and rehabilitation of Homeless mentally Retarded persons:

- The police or any responsible citizen, who will identify / receive information of Homeless Mentally retarded person or persons, shall call ambulance services for transportation to the notified home with facilities for psychiatric evaluation by their "ON CALL" Doctor or take them to the nearest notified hospital for proper diagnosis and provide adequate treatment to the person.
- The designated Home shall keep two volunteers/ attendant (one male and one female) in readiness for attending to the Homeless mentally retarded persons.
- A compulsory HIV test for all inmates and a compulsory pregnancy test for all female inmates should be done at time of admission.
- General blood report to detect any kind of disease affecting the Homeless mentally retarded person should be done at the time of admission.
- Medicines required by the Home for further treatment of the said patient can be enquired in nearby government hospital or the Health and Family Welfare Department.
- The Home shall collect the required medicine from the notified hospitals on monthly basis through indent.
- If an inmate is staying for more than 1 year, and family hasn't been identified to be reintegrated, than the designated Home should help the inmates to attain any kind of Identity Card (Adhaar/Voter Id/ UDID Card), so that they can be independent, and with proper medication start a dignified life.
- If inmates below 18 years or Inmates with children below 18 years are rescued, Child

Welfare Committee of concerned district should be contacted immediately.

5. Location and Physical Infrastructure of the Home:

- a) The Home should be suitably located in a safe surrounding, easily accessible and connected through public transport. The Homes should have secure boundary wall.
- b) The front room of the Home should have a board with the name and emergency contact details of the project coordinator /doctor /psychologist /counselor /nurse etc.
- c) The Home shall have 24X7 electricity with provision of sufficient lights and fans, running water facilities and proper CCTV Coverage.
- d) The building shall fulfill all safety requirements relating to electricity, fire, disaster management etc.
- e) If the Home caters to both male and female, there shall be separate wards for female with proper safety measures.
- f) The Home should have at least one Bathing Stall for 10 persons and at least one Toilet/Latrine for 5 persons. The bathrooms and toilet should be separate for females, if females are admitted. Such bathrooms and toilets should be properly accessible from the wards of the inmates, and shall be maintained in hygienic condition.
- g) The Home should have separate provision for kitchen, detoxification & recovery room, counseling room, waiting cum reception counter, Nurse Station and a Hall for yoga/ indoor games/ televisions/ recreation.
- h) Requirements in a ward:-
 - Homes will ordinarily have a 25 bedded facility to cope with the inmates at any given time. New occupancy or increase of occupancy shall be done following due norms as and when notified.
 - Number of inmate in a ward should be limited to ensure that each inmate gets at least 50 sq. ft. area.
 - Each inmate should be provided standardized bed, mattress, bed linen, pillow and mosquito nets. Bunks beds, however, should not be allowed. The mattress and bed linen etc. should be maintained in hygienic condition.
 - The ward should be well ventilated.
 - Each patient to be provided with a locker / storage space to store personal belongings.
 - Ward and Beds should be properly numbered.
- i) The Home must maintain a clean & hygiene environment in the premises and in wards.

6. Human Recourse Requirement (Staff Structure):

The Home/Hostels should have Human Resource as per designation, number and qualifications prescribed at Annexure I. The qualifications stated therein should be read and interpreted with reference to qualifications recognized by authorized institutions.

NOTE: The Human Resource personnel are the employees of Organization managing the Home and not of Govt. of Assam. The format of the human resource details form is enclosed (Annexure II).

7. Food for the Inmates:

Homes/Hostels shall provide wholesome and nutritious food in hygienic environment to the inmates. The Director, Social Justice & Empowerment, Assam in consultation with experts, may prescribe menu for the inmates and the Home should follow it. Further, they are requested to consult advisories issued by the Indian Council of Medical Research (ICMR).

8. Maintenance of records and medical facilities:

- The Home should maintain– a) daily attendance of the patients, (b) admission register, (c) individual patient file, (d) taking a brief history of the patient and (e) patient release record (f) individual medication dispensing record. Upon release, the Home will provide a discharge certificate and provide a plan for continued care.
- The Home shall submit list of inmates to the local Police Station on weekly basis. The Home shall provide documents as may be required by any authority.
- Essential medicines for treatment and other related medical emergencies to remain available at all times and to be utilized under expert supervision.
- Availability of Doctor on a regular basis and round the clock on call is mandatory in all Homes.
- Pharmacological assistance should be there round the clock well equipped to handle emergency situation as and when required under the guidance of the physician.
- Staff Register to be maintained.
- Proper cleanliness and hygiene should be maintained in the rehabilitation homes.
- The provisions of Rights of Persons with Disabilities Act, 2016 containing various rights and entitlements for PwDs should be followed in letter and spirit.
- To provide sanitary napkins and free sanitary pads to female inmates during their menstruation and female helpers must assist them in taking care of menstrual hygiene. (Section 20(2) (b) of Mental Healthcare Act, 2017).
- To provide vocational training and vocational rehabilitation of the adult inmates and remuneration for their works too.
- There should be provisions of scope of education under NIOS (National Open School) for minor mentally retarded inmates under the Right to Education Policy, Govt. of India, along with vocational training.
- To provide privacy. (Section 20 (2)(d) of Mental Healthcare Act, 2017).
- Restriction on illegal cutting of hair. (Section 20 (2)(i) of Mental Healthcare Act, 2017).
- To provide separate ward for mother and her children. (Section 20 (2)(i) of Mental Healthcare Act, 2017 and Section 24(3) of RPwD Act, 2016).
- The vaccination of the inmates must be connecting with vaccination of all the service providers as well as health care professionals and other staff associated with these institutions as per Govt. Norms.
- Utilization Certificate Format.
- Annual Progress Report (*See Annexure IV*) of the Home along with Utilization Certificate (*See Annexure III.*) to be submitted to this Directorate.

9. Accounting and Financial Records:

The Centre shall maintain its financial records as required under the law.

10. District level monitoring :

Every Deputy Commissioner should get all Homes functioning in the District supervised and monitored on a regular basis. While supervising and monitoring, the DC will involve, inter alia, their senior officers, police officers, Chairman of Child Welfare Committee (CWC) if children are admitted in any Centre, Medical Officers and District Social Welfare Officer of the concerned District etc. If any shortcomings are noticed, the same should be immediately rectified by the

Home.

11. State Level Monitoring:

The State Level monitoring can be done at intervals by the officers from the Office of the Directorate of Social Justice and Empowerment, Govt. Of Assam.

Necessary monitoring system regarding above procedures/rules and remedial measures shall betaken by the District Management Committee as well as the State as and when required.

Human Resource Qualification

SL. No.	Name of Posts	Qualification and experience of the staffs of Home for Mentally Retarded Person
A.	Administrative:-	
1)	Project Coordinator	Graduate in related field (Psychology, Human Resource, Social Work, Sociology, etc.) from any recognized University with 3 Years' experience.
2)	Office Assistant cum Accountant	B.Com from recognized University and 2years' experience in related field.
3)	Cook.	Experience in cooking and Class VIII pass
4)	Helper	Class VIII pass
5)	Chowkidar (2nos.)	Class VIII pass
6)	House Keeping Staff (full time)	Class VIII pass
B.	Medical :-	
7)	Specialist Doctor (On call)	MD in Psychiatrist, Diploma in Psychiatry with registration with Medical Council of India.
8)	General Doctor (Part Time- twice a week mandatory visit)/(On call)	MD in Psychiatrist, Diploma in Psychiatry with registration with Medical Council of India.
9)	Psychologist/Counsellor (2 nos.)	Post Graduate in Psychology/MSW from recognized university and 2 year experience in the related field.
10)	Nurse (1 nos.) (On call)	Qualified as ANM/GNM/ B.Sc. Nursing Degree (experience in related field minimum 1 year)
11)	Ward Boy/Care giver(2 nos.)	Class VIII pass and experience in related field minimum 1 year.
12)	Yoga therapist (Part time).	Certificate course in the related field and at least 2 years' experience.
13)	Dance / Music /Art Teacher (Part time).	Certificate course in the related field and at least 2 years' experience.
14)	Social Worker	Bachelor in Social Work from recognized university with 2years experience or MSW or DRS or PG diploma in Rehabilitation Management.

Human Resource Details Form-

Name of the Home:-

.....
.....
.....
.....

Details of the Staff Employed:-

Name:-

.....

Address:-

.....
.....
.....

Date of Birth:-

Sex:-

.....

Contact Details with Email id:-

.....
.....
.....

Designation:-

.....

Sl.N o.	Educational qualification and experience in the relevant field	Any other qualification	Date of Appointment	Salary per month	Aadhaar Number/ Voter id number	Bank Account details with IFSC code	Photo

Any other details:-

.....
.....
.....

Signature with seal

President/ Secretary.

Utilization Certificate-

ANNEXURE III

GFR 12-A [See Rule 238(1)] is the new format for Utilization Certificate. GFR19-A is no longer a valid format.

GFR 12 – A

UTILIZATION CERTIFICATE

FOR AUTONOMOUS BODIES OF THE GANTEE ORGANISATION

UTILISATION FOR THE PERIOD FROM TO in respect of RECURRING GRANTS-IN-AID

- 1) Name of the Scheme:.....
- Whether Recurring or nonrecurring Grants:.....
- Grant Position at the beginning of financial year:
- Cash in Hand/Bank:
- Unadjusted advances:
- Total:

2) Details of Grants Received,expenditure incurred and closing balance(Actuals) Rs.

Unspent Balances of grants received years (Figure as at Sl. no 3(iii))	Interest earned thereon	Interest deposited back to the Government	Grant received during the year		Total available Fund (1+2-3+4)	Expenditure incurred		Closing Balances (5- 6)
			Sanction Order No(i)	Date		Amount		
1	2	3	4		5	6		7
NIL	NIL	NIL						

Component Wise Utilization Certificate

Grant in aid General		Grant in Aid -Salary		Grant in aid-creation of capital assets		Total
Particulars	Amount	Particulars	Amount	Particulars	Amount	
Total						

Mukta
 Director
 Directorate of Social Justice & Empowerment
 Lakhi Mandir, Bettola, Guwahati-28

Less : NGO Share=						

Details of Grant Position at the End of the Year:

- I. Cash in hand/ bank:
- II. Unadjusted advance:
- III. Total:

NOTE A: Details of Fund Utilization

Rs.

Particulars	Amount
Cumulative GoI Grant received	
Cumulative GoI Grant Utilized	
Cumulative Fund Received (Own funds)	
Cumulative Funds Utilized (Own funds)	

Certified that I have satisfied myself that the conditions on which grants were sanctioned have been duly fulfilled/are being fulfilled and that I have exercised following checks to see that the money has been actually utilized for the purpose for which it was sanctioned:

- i. The main accounts and the other subsidiary accounts and registers (including assets registers) are maintained as prescribed in the relevant Act/Rules/Standing instructions (mentioned the Act/Rules) and have been duly audited by designated auditors. The figures depicted above tally with the audited figures mentioned in financial Statements/accounts.
- ii. There exist internal controls for safeguarding public funds/assets, watching outcomes and achievements of physical targets against the financial inputs, insuring quality in asset creation etc. & the periodic evaluation of internal controls is exercised to ensure their effectiveness.
- iii. To the best of our knowledge and belief, no transactions have been entered that are in violation of relevant Act/Rules/Standing instructions and scheme guidelines, agreements (Tripartite Agreement), sanction letters, contract agreements/LoAs/amendments in LoAs and agreements.
- iv. The responsibilities among the key functionaries for execution of the scheme have been assigned in clear terms and are not general in nature
- v. The benefits were extended to the intended beneficiaries and only such areas/districts were covered where the scheme was intended to operate.
- vi. The expenditure on various components of the scheme was in proportions authorized as per the scheme guidelines and terms and conditions of the grants-in-aid.
- vii. It has been ensured that the physical and financial performance under IPDS has been according to the requirements, as prescribed in the guidelines issued by Govt. of India and the performance /targets achieved statement for the year to which the utilization of the fund resulted in outcomes given at Annexure-I duly enclosed.
- viii. The utilization of the fund resulted in outcomes given at Annexure-II duly enclosed (to be formulated by the Ministry/Department concerned as per their requirements/specifications).

- ix. Details of various schemes executed by the agency through grants-in-aid received from the same Ministry or from other Ministries is enclosed at Annexure-II (to be formulated by the Ministry/Department concerned as per their requirements/specifications).

Chartered Accountant FRN :

M.NO
UDIN NO

Place:
Date:

Signature of the President
(Organisation)

ANNUAL REPORTING FORMAT

ANNEXURE IV

1	Name Of The Rehabilitation Homes (Rh) / Halfway Homes (Hh)	2	Intake Capacity Of The Rh/Hh	3	Occupancy	4	Boundary wall	5	accessibility features	6	safety requirements	7	Separate accommodation (M/F)	8	Separate Entry/Exit point	9	security arrangement	10	Total human resource	11	cultural and sporting activities	12	Counselling assistance	13	Facility of Vocational/Skill Training	14	vigilance on cleanliness/hygiene	15	No. Of Persons Who Have Been Cured Of Mental illness But Still Languishing In Mental Health Institutions, If Any	16	Timeline For Shifting These Patients To Rh/Hh	17	In Case There Is 100% Occupancy In The Existing Rh/Hh, Plan Of Action For Shifting, If Any	18	Status Of Compliance Of Action Plan	19	Name Of The Nodal Officer (Name, Mobile No., Whats Ap No. And Email Id) Note: The Nodal Officer Should Have Access To Both Health And Social Welfare Department	20	Name Of The Alternate Nodal Officer (Name, Mobile No., Whats Ap No. And Email Id) Note: The Alternate Nodal Officer Should Have Access To Both Health And Social Welfare Department
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REFERENCE LIST

1. For the Introduction mentioned in the Page no 3 of the Draft SoP, the reference is taken from the Mental HealthCare Act,2017, under sec 2 subsec (s)
2. Supreme Court Direction mentioned in the Page no. 3,para 2 of the Draft SoP, the reference is taken from the the matter of Gaurav Kumar Bansal case no- WP(C) 412/ 2016 and Rina Banerjee case no- SLP (Civil) No. 3932, 2012,
3. Registration of the Home mentioned in page no 3 of the Draft SoP,the reference is taken from the Rights to Persons with Disabilities Act (RPWD) 2016 (under Section 50 & 51), and Mental Health Establishments (under sub section (1) of section 65 of the Mental Health Care Act, 2017)
4. Procedure for rescue, treatment and rehabilitation mentioned in Page No.4 of the draft SoP, the reference is taken from the Mental Health Care Act 2017,
5. Requirements in a ward/Infrastructure mentioned in page no.5 of the Draft SoP, the reference is taken from the Juveline Justice Act, 2015,
6. GRF-12A format for Utilisation Certificate for Autonomous bodies of the grantee organisation mentioned in Page no 10 of ANNEXURE III, the reference is taken from General Finance Rules 2017 under Rule 238(1).
7. Requirement of Psychiatrist for the Treatment of a Mentally Retarded Person Home/Establishment is mentioned in Mental Healthcare Act 2017 under section 2 subsec® sub clause i.

COMPULSORY REGISTRATION

1. Mental Health Care Act,2017
2. Rights to Persons with Disabilities Act (RPWD) 2016
3. Juveline Justice Act, 2015 (If the facility for Children/Juveline Care is claimed).