



GOVERNMENT OF ASSAM
DEPARTMENT OF SOCIAL JUSTICE & EMPOWERMENT
DISPUR :: GUWAHATI-6
Block-D, 1ST Floor, Janata Bhawan, sjedassam2022@gmail.com

ORDERS BY THE GOVERNOR OF ASSAM
NOTIFICATIONS

Dated Dispur the 08th January 2025

eCF No.- 294694 /48: 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 ill Persons*" in the State of Assam.

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

Signed by
Kausar Jamil Hidayat
(K. Hidayat, IAS)
Secretary to Govt. of Assam
Date: 08-01-2025 15:26:58
Department of Social Justice & Empowerment
Dispur, Guwahati-06

Memo No:eCF No.-294694/48-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

অসম চৰকাৰ



সংস্কৃত ভাষা
GOVERNMENT OF ASSAM

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

**Standard Operating Procedure (SOP) for Registration &
Maintenance of " Homes for Homeless Mentally ill Persons"
(2024)**

PREFACE

The Directorate of Social Justice and Empowerment, Assam, Government of Assam has prepared a Standard Operating Protocol (SOP) for regulating the Mental Illness 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 illness, 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 Homes for Homeless Mentally ill Persons in the state of Assam.

“A person with Mentally ill” or disorder is characterised by a clinically significant disturbance in an individual’s cognition, emotional regulation, or behaviour. It is usually associated with distress or impairment in important areas of functioning. Mental Health and Mental illness are concepts that have been existent from time immemorial. The history of Mental illness and trajectory of psychiatric care have been through the dark and despondent, superstitious, and stigmatized, radical and resourceful, experimental and empirical. This SoP is prepared to empower persons with mental illness 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 Lokpriya 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 in the lives of people with the mental illness.

This SoP calls for a multifaceted interventions that involves the family, community, government, voluntary organisation that aims at the rehabilitation and reintegration of individuals with mental health Problems. This SoP is prepared keeping in consideration of 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.


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Directorate of Social Justice & Empowerment
Lakhi Mandir, Beltola, Guwahati-28

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1. Introduction:

According to Mental Health Care Act, 2017 **Mental Illness** means a substantial disorder of thinking, mood, perception, orientation of memory that grossly impairs judgement, behaviour, 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 characterized by sub normality of intelligence.

Moreover, as per the Honorable Supreme Court Direction in the matter of Gaurav Kumar Bansal case no- WP(C) 412/ 2016 and Rina Banerjee case no- SLP (Civil) No. 3932, 2012, stated that Home for Homeless/EWS Mentally Ill Person and Home for Mentally Retarded Children/ Person should be established in all the Districts of the State. Again on 1st September, 2021 the Supreme Court has asked the State Governments to work pro-actively for the up gradation and establishment of homes.

Therefore, this SOP provides information on the protective measures to be taken towards creation and management of Rehabilitation Home for mentally ill known as **Home for Homeless Mentally Ill Persons**, here in after referred to as a Home. These Rehabilitation Homes are to be set up so that the inmates learn social and other skills necessary to integrate or re-integrate into society.

2. Aims & Objective of “ Homes for Homeless Mentally Ill Persons”:

The Home for Homeless Mentally Ill Persons are transitory residential Home for Homeless persons with mental illness requiring supervision in some aspect like treatment through therapy and medication, etc. It is also a place to provide interventions to develop skills of daily living, interpersonal interactive skills and vocational skills.

The objective of this project is to provide a facilitating mechanism for rehabilitation to Homeless mentally ill persons rescued by competent authority or any responsible citizen. The need for such homes is felt, as the community at large is still hesitant in accepting such persons into its fold. The project is aimed to provide medical advice/treatment relating to their illness so that periodic or occasional psychiatric disturbances can be managed. It is expected that the inmates would be able to get integrated into normal life within a reasonable period of time.

3. Registration Procedure for the Home for Mentally Ill 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 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 Health Care Act, 2017) and shall comply with all the standards Protocols and other requirement isto be observed as per the law.
- The implementing agencies which are running Home shall be registered under

Juvenile Justice Act, 2015 to accommodate Children and Juveniles with Mental Illness 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 ill persons:

- The police or any responsible citizen, who will identify / receive information of Homeless Mentally ill 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 ill patient.
- 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 ill person should be done at the time of admission.
- Medicines required by the Home for further treatment of the said patient can be acquired from the 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 the required medicines are not available at the Govt. Hospital/Health and Family Welfare Department, then the home must keep fund for procuring the medicine on their own.
- As per Mental Health Care Act 2017, when an inmate gets improved after admission and treatment, they are not to be detained in Homes for Homeless Mentally Ill Persons. For inmates whose family member's details are known they can be easily reintegrated and sent home at the earliest and
- The designated Home shall keep the Homeless mentally ill person under its care & protection for a minimum period of 1 year if family link is unestablished.
- If an inmate is staying for more than 1 year, and family hasn't been identified to be reintegrated, then the designated Home should help the inmates to attain any kind of Identity Card (Aadhaar/ Voter Id/ UDID Card), so that they can be independent, and with proper medication start a dignified life and link them to any Govt./Non-govt. skill up agency like ASDM for making them self-sufficient.
- If inmates below 18 years or Inmates with children below 18 years are rescued, Child Welfare Committee of concerned district should be contacted immediately.
- Section-94(I) of Mental Healthcare Act, 2017 provisions consent of the nominated representative where available state rule under Mental Health Care Act, 2017 may provision accordingly. However, the authority of the MI home under the SOP shall inform immediately to District Commissioner concerned.

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 fulfil all safety requirements relating to electricity, fire, disaster management etc.
- e) If the Home for Mentally ill Person 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, counselling room, waiting cum reception counter, Nurse Station and a Hall for yoga/ indoor games/ televisions/ recreation.
- h) The infrastructure (building, toilet etc.) of the Home should be disabled friendly.
- i) Requirements in a ward:-
 - a) Homes for Mentally ill Person will ordinarily have a 15/30/50 bedded facility with separate building/ house/ indoor facility for adult male and female and also separate building/ house/ indoor facility for children/ juvenile male and female as per the guideline of JJ Act, 2015 to cope with the inmates at any given time. Thereby the Half way Home would be categorised into (i) Half way home for 15 bedded capacity for adult males and adult female with separate entity, (ii) Half way Home For 30 Bedded capacity for adult male and Children/Juvenile male with separate entity, (iii) Half way Home For 30 Bedded capacity for adult females and Children/Juvenile females with separate entity, (iv) Half way Home with 50 bedded capacity for adult male and adult female along with Juvenile/ Children-Male and Juvenile/Children-Female with all four separate entities. New occupancy or increase of occupancy shall be done following due norms as and when notified.
 - b) Number of inmate in a ward should be limited to ensure that each inmate gets at least 50 sq. ft. area.
 - c) 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.
 - d) The ward should be well ventilated.
 - e) Each patient to be provided with a locker / storage space to store personal belongings.
 - f) Ward and Beds should be properly numbered.
 - j) The Home must maintain a clean & hygiene environment in the premises and in wards.
 - k) Disposal of bio medical waste as per Swachh Bharat Mission(SBM) must be followed
 - l) The home must tie-up with NGO/Agency which takes care of bio medical waste disposal.

6. Human Recourse Requirement (Staff Structure):-

The Home 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 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, documentation and data keeping :-

- The Home for Mentally ill Person 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 for Mentally ill Person 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.
- Staff Administrative Register to be maintained.
- 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. Standardized Treatment and Medical Facilities to be maintained:

- Essential psychiatric medicines, general medicines and medicine for treatment and management of medical emergencies must be available at all times and to be utilized under expert supervision.
- Availability of Psychiatrist Doctor/ Experienced 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 emergent situation as and when required under the guidance of the physician.
- Proper cleanliness and hygiene should be maintained in the rehabilitation homes.

10. Other Facilities to be maintained:

- There should be a completely separate indoor facilities for male and female with protective Boundary wall.
- There should be a completely separate indoor facilities for children and juveniles for male and female. The home facility for children and juveniles should be as per the Guideline of the Juvenile Justice Act, 2015.
- The provisions of Rights of Persons with Disabilities Act, 2016 containing various rights and entitlements for PwDs Should be displayed in the home and must be followed in functioning the home.
- 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 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

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institutions as per Govt. Norms.

11. Accounting & Financial Records:

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

12. District level monitoring :

Every Deputy Commissioner/ District 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

13. 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 be taken by the District Management Committee as well as the State as and when required.


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ANNEXURE-I

Human Resource Qualification

SL. No.	Name of Posts	Qualification and experience of the staff of De-addiction cum rehabilitation Centre
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)	MBBS 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 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. No	Educational qualification and experience in the relevant field	Any other qualification	Date Appointment	Salary per month	Aadhaar Number/ Voter id number	Bank Account details with IFSC code	Photo

Any other details:-

.....
.....

Signature with seal

President/ Secretary.


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Lakhi Mandir, Beltola, Guwahati-28

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			Expenditure incurred	Closing Balances (5- 6)
			Total available Fund (1+2-3+4)	Sanction Order No(i)	Date		
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						


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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).

- i. 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)


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

ANNUAL REPORTING FORMAT

ANNEXURE IV

	1	Name Of The Rehabilitation Homes (Rh)/ 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

Facilities Available

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 Ill 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).


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