



Government of Karnataka  
Karnataka State Mental Health Authority  
Health and Family Welfare Services, 4<sup>th</sup> floor,  
Arogya Soudha, Magadi Road, Bengaluru-560023  
Email: Ksmha1@gmail.com

KSMHA/30/2020-21.

Date: 16 /05/2023

**Notification**

**Appointment of Legal Consultant to Karnataka State Mental Health Authority, Bengaluru.**

Applications are invited from interested candidates for the post of Legal Consultant to KSMHA on contract basis for a period of 12 months.

- **No of post:** 1 (One)
- **Essential Qualification:** Should be a Law Graduate from any recognized university with at least 5 years of experience.
- **Desirable Experience:** Experience as an advocate for 2 years or more in the field of Government Sectors /Health /Mental Health.
- **Salary:** Consolidated pay Rs. 50,000/- per month.
- **Age limit:** 50 Years.

The application in the prescribed format is available on the website of Health and Family Welfare Department ([hfw.karnataka.gov.in](http://hfw.karnataka.gov.in)). Download and submit the filled applications along with self-attested copies of documents of qualification and experience, passport size photograph and valid ID proof (Aadhar Card/PAN/DL/Voter ID) to the undersigned through post or in person.

Mark "Application for the post of Legal Consultant" on the Envelope.

Last date for receipt of application is on 25/05/2023 till 5.00 p.m.

For application form and other details please visit website [hfw.karnataka.gov.in](http://hfw.karnataka.gov.in)

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Chief Executive Officer,  
Karnataka State Mental Health Authority  
and Commissioner,  
Health and Family Welfare Services,  
Arogya Soudha,  
Magadi Road, Bengaluru-560023



**Application form for the Post of Legal Consultant to Karnataka State Mental Health Authority**

1.	Name and Address in Block Letter																
2.	Date of Birth																
3.	Qualifications																
4.	Bar council enrolment No:																
5.	Details of employment, In chronological order. Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient.																
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Office/Inst./ Org.	Post Held	From	To	Nature of duties.													
6.	Details of experience (to be supported by relevant documents)																
7.	Additional information, if any, which you would like to mention in support of your suitability for the post. (Enclose a separate sheet, if the space is insufficient).																
8.	Remarks																

Date: .....

Signature of the candidate

Address