

**MENTAL HEALTH ACT, 2012  
EIGHTH SCHEDULE  
[Article 19(1)]**

<b>Mental Health Act</b>	<p><b>This notification shall be submitted to the Commissioner together with the Seventh Schedule if the medical practitioner giving community treatment to a person is different from the responsible specialist or the medical practitioner signing the recommendation.</b></p> <hr/> <p style="text-align: center;"><b>CTO Ref No:</b></p>
<p><b>NOTIFICATION OF AGREEMENT TO GIVE MEDICAL CARE IN THE COMMUNITY</b></p>	
<p><b>To the Commissioner for the Promotion of Rights of Persons with Mental Disorders</b></p>	
<p><b>To be filled by medical practitioner giving medical treatment to a person for whom an application for a Community Treatment Order has been submitted.</b></p>	<p><b>I the undersigned, a medical practitioner, agree to provide the medical treatment as indicated in the care plan submitted with the application for a Community Treatment Order in respect of:</b></p> <p>_____ <u>    M / F    </u>  <b>(Surname)      (Name)              (ID No)              (D.O.B.)              (Sex)</b></p> <p>of (address) _____</p> <p>_____</p> <p>_____</p> <p>_____ <b>(Official Stamp)</b>              _____ <b>(Signature)</b>              _____ <b>(Reg. No)</b></p> <p>_____ <b>(Date)</b>    _____ <b>(Time)</b></p>
<p><b>To be filled by Commissioner</b></p>	<p><b>Notification received on (date) _____ at (time) _____</b></p> <p><b>Comments</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ <b>(Signature)</b>    _____ <b>(Date)</b>    _____ <b>(Time)</b></p>