

<b>CBHI Form No.6B(i)</b>
<b>Annual (State/UT)</b>

**NUMBER OF PRIVATE SECTOR ALLOPATHIC, DENTAL & AYUSH MEDICAL AND HEALTH CARE INSTITUTIONS AND BEDS IN RURAL AND URBAN AREAS IN THE STATE/UT AS ON 31<sup>st</sup> DECEMBER OF REPORTING YEAR**

**Name of State/UT:**

**Total No. of District in the State:**

**Reporting Year:.....**

**CONSOLIDATED INFORMATION FOR WHOLE STATE/UT**

S. No	Type of Infrastructure (Pl.specify below)	RURAL		URBAN		TOTAL	
		No. of Hospitals	No. of Beds	No. of Hospitals	No. of Beds	No. of Hospitals	No. of Beds
1	Clinic/Poly Clinic (Without Beds)						
2	Gen. Hospital/Nursing Home with common Speciality						
3	Gen. Hospital/Nursing Home with Super - Speciality only						
4	Super Speciality Hospital						
5	Dental Hospital						
6	AYUSH Hospital						
7	Others (Specify)						
7.1							
7.2							
7.3							
	<b>TOTAL</b>						

**Note:** The district wise Information for all the District & State/UT are attached.

Duly completed proforma as on December should be sent to reach CBHI, New Delhi by 25<sup>th</sup> January of the succeeding year through E-mail: [dircbhi@nic.in](mailto:dircbhi@nic.in) to enable CBHI for national compilation by February.

**To**  
**The Director**  
**Central Bureau of Health Intelligence (CBHI)**  
**401-A, Nirman Bhawan, New Delhi – 110108**  
**Email:dircbhi@nic.in, Tel/Fax : 91-011-23063175/23062695**

<b>Signature</b>	
<b>Name &amp; Designation</b>	
<b>Address with Tel/Fax &amp; Email</b>	