

CBHI Form No.6B(ii)
Annual (District)

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

Name of the State:

Name of the District:

Reporting Year.....

CONSOLIDATED INFORMATION FOR THE DISTRICT - Separate sheet for each District

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							
	TOTAL						

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 25th January of the succeeding year through E-mail: 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

Signature	
Name & Designation	
Address with Tel/Fax & Email	