CBHI Form No. 3B
Annual (State / UT)

Reporting Year:

NUMBER OF PRIVATE DENTAL DOCTORS WORKING IN THE STATE / UT AS ON 31st DECEMBER OF THE REPORTING YEAR

NAME OF THE STATE/UT: NAME OF THE DISTRICT:

Healthcare Institutions (HI)	Total no. of HIs in the district	No. of HIs contacted	No. of responded HIs
Dental Hospital/Clinics			

Number of Dental Doctors working in the above HIs:

S. No	Dental Doctors	Male	Female	Total
1	2	3	4	5
1	BDS Doctors			
2	Specialists			
2.1	Oral Medicine			
2.2	Oral Pathology			
2.3	Conservative Dentistry			
2.4	Prosthodontics			
2.5	Periodontics			
2.6	Orthodontics			
2.7	Pedodontics			
2.8	Public Health Dentistry			
2.9	Oral Surgery			
	GRAND TOTAL			

NOTE:

1. Duly completed proforma as on 31^{st} December should be uploaded on CBHI data entry Portal <u>www.cbhi.nic.in</u> and sent through E-mail: dircbhi@.nic.in by 25^{th} January of the succeeding year.

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