

**NUMBER OF STATE GOVERNMENT\* AYUSH DOCTORS WORKING IN THE STATE / UT AS ON 31<sup>st</sup> DECEMBER OF THE REPORTING YEAR**

NAME OF THE STATE/UT:		NAME OF THE DISTRICT:						Reporting Year: .....								
S. No	AYUSH Doctors	STATE GOVT						LOCAL GOVT BODIES						TOTAL		
		Purely State			Autonomous			Purely local bodies			Autonomous			No of Doctors		
		M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1.1	<b>General duty Medical Officers</b>															
2	<b>Specialists</b>															
2.1	Ayurvedic															
2.2	Unani															
2.3	Siddha															
2.4	Homoeopathic															
2.5	Others (specify)															
	<b>GRAND TOTAL</b>															

**NOTE:** M - Male, F - Female, T - Total

- All AYUSH Doctors employed in Clinical / Non-Clinical Govt.establishments including those involved in administrative duties.
- \*State Government includes State/UT, Public Sector Undertakings, Municipalities, Municipal Corporation, Zilla Parishads, Village Panchayat, Autonomous Govt. bodies of State & Local Governments etc. in various establishments like teaching institutions,hospitals, dispensaries, clinics, polyclinics, sanatoria, CHCs, PHCs etc.
- Duly completed proforma as on 31<sup>st</sup> December should be uploaded on CBHI data entry Portal [www.cbhi.nic.in](http://www.cbhi.nic.in) and sent through E-mail: [dircbhi@nic.in](mailto:dircbhi@nic.in) by 25<sup>th</sup> 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**