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| **CBHI Form No. 3A** |
| **Annual (State / UT)** |

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

**NAME OF THE STATE/UT: NAME OF THE DISTRICT: Reporting Year: ..................**

|  |  |  |  |
| --- | --- | --- | --- |
| **Healthcare Institution (HI)** | **Total no. of HIs in the District** | **No. of HIs contacted** | **No. of HIs responded** |
| **Clinic/Polyclinic with/without beds** |  |  |  |
| **General Hospital/Nursing Home with common Specialities** |  |  |  |
| **General Hospital/Nursing Home with common Super Specialities** |  |  |  |
| **Super Speciality Hospitals** |  |  |  |
| **Total** |  |  |  |

**Number of Allopathic Doctors working in the above HIs:**

| **S. No.** | **Allopathic Doctors** | **Male** | **Female** | **Total** |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |
| **1** | **MBBS Doctors** |  |  |  |
| **2** | **Specialists** |  |  |  |
| **2.1** | Anaesthesia |  |  |  |
| **2.2** | Anatomy |  |  |  |
| **2.3** | Aviation Medicine/ Aerospace Medicine |  |  |  |
| **2.4** | Bio-Chemistry |  |  |  |
| **2.5** | Clinical pathology |  |  |  |
| **2.6** | Clinical Pharmacology |  |  |  |
| **2.7** | Emergency Medicine |  |  |  |
| **2.8** | Family Medicine |  |  |  |
| **2.9** | Forensic Medicine |  |  |  |
| **2.10** | Dermatology, Venereology & Leprosy |  |  |  |
| **2.11** | General Medicine |  |  |  |
| **2.12** | General Surgery |  |  |  |
| **2.13** | Geriatrics |  |  |  |
| **2.14** | Immuno Haematology & Blood transfusion |  |  |  |
| **2.15** | Microbiology |  |  |  |
| **2.16** | Nuclear Medicine |  |  |  |
| **2.17** | Obstetrics & Gynaecology |  |  |  |
| **2.18** | Occupational Health |  |  |  |
| **2.19** | Ophthalmology |  |  |  |
| **2.20** | Orthopaedics |  |  |  |
| **2.21** | Oto-Rhino-laryngology (ENT) |  |  |  |
| **2.22** | Paediatrics |  |  |  |
| **2.23** | Pathology |  |  |  |
| **2.24** | Pharmacology |  |  |  |
| **2.25** | Physical Medicine & Rehabilitation |  |  |  |
| **2.26** | Physiology |  |  |  |
| **2.27** | Psychiatry |  |  |  |
| **2.28** | Psychological medicine |  |  |  |
| **2.29** | Public Health# |  |  |  |
| **2.30** | Radio diagnosis/ Radiology |  |  |  |
| **2.31** | Radiotherapy |  |  |  |
| **2.32** | Sports Medicine |  |  |  |
| **2.33** | TB & Respiratory Diseases/ Pulmonary Medicine |  |  |  |
| **2.34** | Transfusion Medicine |  |  |  |
| **3** | **Medicine Super-Specialist** |  |  |  |
| **3.1** | Cardiology |  |  |  |
| **3.2** | Endocrinology |  |  |  |
| **3.3** | Gastroenterology |  |  |  |
| **3.4** | Haematology |  |  |  |
| **3.5** | Neonatology |  |  |  |
| **3.6** | Nephrology |  |  |  |
| **3.7** | Neurology |  |  |  |
| **3.8** | Oncology |  |  |  |
| **3.9** | Proctology |  |  |  |
| **3.10** | Rheumatology |  |  |  |
| **3.11** | Paediatric |  |  |  |
| **4** | **Surgical Super Specialist** |  |  |  |
| **4.1** | Cardio Thoracic Surgery |  |  |  |
| **4.2** | Cardio Thoracic vascular Surgery |  |  |  |
| **4.3** | Endocrine Surgery |  |  |  |
| **4.4** | Neuro Surgery |  |  |  |
| **4.5** | Plastic Surgery |  |  |  |
| **4.6** | Surgical Gastroenterology/ G I Surgery |  |  |  |
| **4.7** | Surgical Oncology |  |  |  |
| **4.8** | Thoracic Surgery |  |  |  |
| **4.9** | Urology/ Genito Urinary Surgery |  |  |  |
| **4.10** | Vascular Surgery |  |  |  |
| **4.11** | Paediatric Surgery |  |  |  |
|  | **GRAND TOTAL** |  |  |  |

**NOTE:**

1. **The private healthcare institution includes Clinic/Polyclinic with/without beds, General Hospital/Nursing Home with common Specialities, General Hospital/Nursing Home with common Super Specialities and other Super Speciality Hospitals etc.**
2. **# Public Health includes Community Medicine, Health Administration, Community Health Administration, Preventive & Social Medicines.**
3. **Duly completed proforma as on 31st 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 by 25th January of the succeeding year.**

|  |  |
| --- | --- |
| **Signature** |  |
| **Name & Designation** |  |
| **Address with Tel/Fax & Email** |  |
|  |

**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**