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| **CBHI Form No. 4C** |
| **Annual (State / UT)** |

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| **NUMBER OF STATE GOVERNMENT\* AYUSH 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: ................** |
| **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** | **General duty Medical Officers** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2 | **Specialists** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.1 | Ayurvedic |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2.2 | Unani |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2.3 | Siddha |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2.4 | Homoeopathic |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2.5 | Others (specify) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   | **GRAND TOTAL** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **NOTE:** |  |  |  |  |  |  |  |  |  | **M - Male, F - Female, T - Total** |

1. All AYUSH Doctors employed in Clinical / Non-Clinical Govt.establishments including those involved in administrative duties.
2. \*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.
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.**

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| **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**