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| **CBHI Form No. 5C** |
| **Annual (Central Govt. Agencies)** |

**NUMBER OF CENTRAL GOVERNMENT\* NURSING AND PARAMEDICAL PERSONNEL WORKING IN THE STATE/UT AS ON 31ST DECEMBER OF REPORTING YEAR**

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

| **S. No** | **Nursing and Paramedical Personnel** | **Purely Central** | **Autonomous** | **Total** |
| --- | --- | --- | --- | --- |
| **M** | **F** | **T** | **M** | **F** | **T** | **M** | **F** | **T** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| **1** | **Nursing Personnel** |   |   |   |   |   |   |   |   |   |
| 1.1 | Nurses |   |   |   |   |   |   |   |   |   |
| 1.2 | Public Health Nurses |   |   |   |   |   |   |   |   |   |
| **2** | **Auxiliary Staff** |  |  |  |  |  |  |  |  |  |
| 2.1 | Auxiliary Nurse Midwives (ANMs) |   |   |   |   |   |   |   |   |   |
| 2.2 | Health Supervisor (Male) |   |   |   |   |   |   |   |   |   |
| 2.3 | Lady Health Visitors (LHV) |   |   |   |   |   |   |   |   |   |
| 2.4 | Multipurpose Health Workers (Male) |  |  |  |  |  |  |  |  |  |
| **3** | **Paramedical Personnel** |   |   |   |   |   |   |   |   |   |
| 3.1 | Anaesthesia Technician |   |   |   |   |   |   |   |   |   |
| 3.2 | Audio and Speech Therapy Technician |   |   |   |   |   |   |   |   |   |
| 3.3 | Blood Transfusion Technician |   |   |   |   |   |   |   |   |   |
| 3.4 | Cardio Pulmonary Perfusionist |   |   |   |   |   |   |   |   |   |
| 3.5 | Cardio Technician |   |   |   |   |   |   |   |   |   |
| 3.6 | Cardio vascular Technician |   |   |   |   |   |   |   |   |   |
| 3.7 | Dental Hygienist |   |   |   |   |   |   |   |   |   |
| 3.8 | Dental Mechanics/Dental Hygienist |   |   |   |   |   |   |   |   |   |
| 3.9 | Dental Technician |   |   |   |   |   |   |   |   |   |
| 3.10 | Dialysis Technician |   |   |   |   |   |   |   |   |   |
| 3.11 | Dieticians |   |   |   |   |   |   |   |   |   |
| 3.12 | ECG Technician |   |   |   |   |   |   |   |   |   |
| 3.13 | Emergency Medical Services Technician |   |   |   |   |   |   |   |   |   |
| 3.14 | Endoscopy Technician |   |   |   |   |   |   |   |   |   |
| 3.15 | Laboratory Assistant/Technicians |   |   |   |   |   |   |   |   |   |
| 3.16 | Neuro Technician |   |   |   |   |   |   |   |   |   |
| 3.17 | Occupational Therapy Technician |   |   |   |   |   |   |   |   |   |
| 3.18 | Operation Theatre Technician |   |   |   |   |   |   |   |   |   |
| 3.19 | Optometry Technician# |   |   |   |   |   |   |   |   |   |
| 3.20 | Orthopaedic / Prosthetic technicians |   |   |   |   |   |   |   |   |   |
| 3.21 | Pharmacists |   |   |   |   |   |   |   |   |   |
| 3.22 | Physiotherapists |   |   |   |   |   |   |   |   |   |
| 3.23 | Radio Therapy Technician |   |   |   |   |   |   |   |   |   |
| 3.24 | Radiographer/Radiographic Technician |   |   |   |   |   |   |   |   |   |
| 3.25 | Vascular Surgery Technician |   |   |   |   |   |   |   |   |   |
| 3.26 | Others(specify) |   |   |   |   |   |   |   |   |   |
|   | **GRAND TOTAL** |   |   |   |   |   |   |   |   |   |

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

**\*** Central Government includes Nursing and Paramedical Personnel employed in healthcare establishments under Central Ministries like Ministry of Railways, Defence, CGHS, other Central Government Agencies including Autonomous institutions under Ministry of Health & Family Welfare and other apex bodies like ESIC.

# Optometry Technician includes Ophthalmic Assistant, Para Medical Ophthalmic Assistant, Optometrist, refractionist etc

**Please provide this information on each State/UT using separate proforma**

1. All Nursing and Paramedical Personnel employed in Clinical / Non-Clinical Govt. establishments including those involved in administrative duties.
2. Establishments include teaching institutions, treatment centres such as hospitals, dispensaries, clinics, polyclinics, sanatoriums etc. under your organisation.
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 : 91-011-3063175/23062695**