1. **GOVERNMENT ALLOPATHIC SECONDARY / TERTIARY LEVEL MEDICAL & HEALTH CARE INSTITUTIONS AND BEDS IN RURAL & URBAN AREAS IN THE STATE/UT AS ON 31ST DECEMBER OF REPORTING YEAR**

**Name of the State/UT:**

**Total No. Districts in the State: Reporting Year:............**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Type of Infrastructure** | **RURAL** | **URBAN** | **TOTAL** |
| **Belonging to State/UT Govt.** | **No. of Hospitals** | **No. of Beds** | **No. of Hospitals** | **No. of Beds** | **No. of Hospitals** | **No. of Beds** |
| 1 | Primary Health Centre |   |   |   |   |   |   |
| 2 | Community Health Centre |  |  |  |  |  |  |
| 3 | Sub-divisional/Taluk Hospital |   |   |   |   |   |   |
| 4 | District Hospital |   |   |   |   |   |   |
| 6 | Municipal Corporation Hospital |   |   |   |   |   |   |
| 7 | Medical College Hospital |  |  |  |  |  |  |
| 8 | General Hospital # |   |   |   |   |   |   |
| 9 | Maternity Hospital |   |   |   |   |   |   |
| 10 | ID Hospital |   |   |   |   |   |   |
| 11 | TB Hospital/Sanatorium (if any exists) |   |   |   |   |   |   |
| 12 | Leprosy Hospital (if any exists) |   |   |   |   |   |   |
| 13 | Cancer Hospital |   |   |   |   |   |   |
| 14 | Mental Hospital |   |   |   |   |   |   |
| 15 | Dental Hospital/Clinics |   |   |   |   |   |   |
| 16 | Eye Hospital |  |  |  |  |  |  |
| 17 | Other Single Speciality & Super Speciality Hospital |  |  |  |  |  |  |
|   | **TOTAL I** |   |   |   |   |   |   |

**Note:** 1. These should include all Institutions run by different States/Local Bodies/Autonomous Govt. Bodies/PSU of /State Governments.

 2. Hospital includes Nursing Homes with Bed. Separate form (6A(ii)) should be attached for each districts.

 # General hospital includes Prison Hospital, Police Hospital etc. other than at sl.no.1,2,3 and 4 above

 **(II) Belonging to Central/Other Government Organizations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Type of Infrastructure** | **RURAL** | **URBAN** | **TOTAL** |
| **Belonging to Central/Other organizations** | **No. of Hospitals** | **No. of Beds** | **No. of Hospitals** | **No. of Beds** | **No. of Hospitals** | **No. of Beds** |
| 1 | ESI Hospital |   |   |   |   |   |   |
| 2 | CGHS Hospital |   |   |   |   |   |   |
| 3 | Railway Hospital |   |   |   |   |   |   |
| 4 | General Hospital $ |   |   |   |   |   |   |
| 5 | Maternity Hospital |   |   |   |   |   |   |
| 6 | ID Hospital |   |   |   |   |   |   |
| 7 | TB Hospital/Sanatorium (if any exists) |   |   |   |   |   |   |
| 8 | Leprosy Hospital (if any exists) |   |   |   |   |   |   |
| 9 | Cancer Hospital |   |   |   |   |   |   |
| 10 | Mental Hospital |   |   |   |   |   |   |
| 11 | Dental Hospital/Clinics |   |   |   |   |   |   |
| 12 | Eye Hospital |  |  |  |  |  |  |
| 13 | Other Single Speciality & Super Speciality Hospital |   |   |   |   |   |   |
|   | **TOTAL II** |   |   |   |   |   |   |
|   | **GRAND TOTAL (I+II)** |   |   |   |   |   |   |

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

**Note:** 1. These should include all Institutions run by different Central Government and Autonomous Government Bodies/PSU of Central Governments. Separate form (6A(ii)) should be attached for each districts.

 2. $ General hospital other than mentioned at S.No.1, 2 and 3 above

 3. Hospital includes Nursing Homes with Bed.

**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**