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| **CBHI Form No. 7C** |
| **Annual (Central Govt. Agencies)** |

**NUMBER OF CENTRAL GOVERNMENT\* AYUSH DOCTORS WORKING IN THE STATE / UT AS ON 31 DECEMBER OF REPORTING YEAR**

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| --- |
| **NAME OF THE STATE/UT: Reporting Year\*\*** : ............................. |
| **NAME OF THE DISTRICT:** |
| **S. No** | **AYUSH Doctors** | **Purely Central** | **Autonomous** | **Total** |
| **M** | **F** | **T** | **M** | **F** | **T** | **M** | **F** | **T** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 15 | 16 | 17 |
| **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** |

**\***Central Government doctors includeAYUSH doctors 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.

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

1. All Doctors / Dental Surgeons 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 State/UT wise proforma in respect of your organisation containing information of Doctors/Dental Surgeon as on December should be sent to reach CBHI New Delhi by 25th January of the succeeding year through E-mail : dircbhi@nic.in to enable CBHI for national compilation by February.**

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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**