CBHI Form No. 4A
Annual (State / UT)

Reporting Year:

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

NAME OF THE STATE/UT:

NAME OF THE DISTRICT:

			S	TATE	GOVT			LOCAL GOVT BODIES TOTAL								
		Pu	rely Sta			tonome	ous	Pure	ely local			utonomo	ous	No	of Doct	
S. No	Allopathic Doctors	M	F	T	M	F	T	M	F	Т	M	F	Т	M	F	Т
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	General duty Medical Officers															
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															

	Allopathic Doctors		5	STATE	GOVT			LOCAL GOVT BODIES							TOTAL			
		Pu	irely Sta	ite	Au	tonomo	ous	Purely local bodies			Autonomous			No of Doctors				
S. No		M	F	Т	M	F	T	M	F	Т	M	F	Т	M	F	T		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17		
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																	

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			S	STATE	GOVT			LOCAL GOVT BODIES						TOTAL			
		Purely State			Autonomous			Purely local bodies			Autonomous			No of Doctors			
S. No	Allopathic Doctors	M	F	Т	M	F	T	M	F	T	M	F	Т	M	F	T	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
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:

M - Male, F - Female, T - Total

- 1. All 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. # Public Health includes Community Medicine, Health Administration, Community Health Administration, Preventive & Social Medicines.
- 4. Duly completed proforma as on 31st December should be uploaded on CBHI data entry Portal www.cbhi.nic.in and sent through E-mail: dircbhi@.nic.in by 25th January of the succeeding year.

To
The Director
Central Bureau of Health Intelligence (CBHI)
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Signature Name & Designation Address with Tel/Fax & Email