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| **CBHI Form No. 3C** |
| **Annual (State / UT)** |

**NUMBER OF PRIVATE 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: ................**

|  |  |  |  |
| --- | --- | --- | --- |
| **Healthcare Institutions (HI)** | **Total no. of HIs** | **No. of HIs contacted** | **No. of responded HIs** |
| **AYUSH Hospitals** |  |  |  |

**Number of AYUSH Doctors working in the above HIs:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No** | **AYUSH Doctors** | **Male** | **Female** | **Total** |
| 1 | 2 | 3 | 4 | 5 |
| **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:**

1. **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.**

|  |  |
| --- | --- |
| **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**