

CBHI form No.	05
Annual	State / UT

**NUMBER OF STATE/UT GOVT. EMPLOYED* NURSING AND PARAMEDICAL PROFESSIONAL FUNCTIONING IN STATE GOVERNMENT
ESTABLISHMENTS AS ON 31 DECEMBER OF REPORTING YEAR**

NAME OF THE STATE/U.T:

REPORTING YEAR** : DEC.

Sl.No.	Category of the Paramedical Professionals	STATE GOVT						LOCAL GOVT BODIES						TOTAL		
		Purely State			Autonomous			Purely local Bodies			Autonomous			NO. OF PERSONS		
		M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Nurses/Public Health Nurses															
2	Auxiliary Nurse Midwives (ANMs)															
3	Multipurpose Health Workers (Male)															
4	Lady Health Visitors (LHV)															
5	Health Supervisor (Male)															
6	Laboratory Assistant / Technicians															
7	Ophthalmic paramedical personnel															
8	Orthopedic / Prosthetic technicians															
9	X-Ray Technicians															
10	Operation Theatre Assistants															
11	Pharmacists															
12	Physio Therapists															
13	Occupational Therapists (including speech & Hearing therapists)															
14	Dieticians															
15	Dental Mechanics/Dental Hygienist															
16	Others(Specify)															
	TOTAL															

NOTE:

M - Male; F - Female; T - Total

All Paramedical personnel employed in Clinical / Non-Clinical Govt. establishments including those involved in administrative duties.

* State/UT, Public Sector Undertakings, Municipalities, Municipal Corporation, Zilla Parishads, Village Panchayat, Autonomous Govt. bodies of State

& Local Govts.etc. in various establishments like teaching institutions,hospitals, dispensaries, clinics, polyclinics, sanatoria,CHCs, PHCs etc

** - Duly completed proforma 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.

To **The Director**
Central Bureau of Health Intelligence (CBHI)
401-A, Nirman Bhawan, New Delhi - 110108
Tel/ Fax: 91-011-23063175 / 23062695

Signature	
Name & Designation	
Address with Tel/ Fax	
& E-Mail	

