

CBHI	Form No. 6B(i)
Annual (State/UT)	

**PRIVATE SECTOR* ALLOPATHIC MEDICAL AND HEALTH CARE INSTITUTION AND BEDS
IN RURAL AND URBAN AREAS IN THE STATE/UT AS ON 31ST DECEMBER OF REPORTING YEAR**

Name of State/UT

Total No. of District in the State

CONSOLIDATED INFORMATION AS ON DEC. 20... FOR WHOLE State/UT

Sl. No.	Type of Infrastructure(Pl. specify below)	RURAL		URBAN		TOTAL	
		No. of Hospital	No. of Beds	No. of Hospital	No. of Beds	No. of Hospital	No. of Beds
1.	Clinic/Poly Clinic (Without Beds)						
2.	Gen. Hospital/ Nursing Home with common Speciality						
3.	Gen. Hospital/ Nursing Home with Super-Speciality						
4.	Super-Speciality Hospital only						
5.	Dental Hospital						
6.	Others (Specify)						
6.1							
6.2							
6.3							
6.4							

Note: The district wise Information for all the District & State/UT are attached.

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Signature (DHS/DMS):
Name & Designation
Address with
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N.B.* These include all institutions other than those belonging to State/Central/Local Govt. Bodies/Autonomous Govt. Bodies & Public Sector undertakings and Managed by Non-Govt. Organisation, Private Voluntary Organisations.

Duly completed proforma as on December should be sent to CBHI, New Delhi through E-mail: dircbhi@nic.in to enable CBHI for National Compilation.

CBHI	Form No. 6B(ii)
Annual (District)	

PRIVATE SECTOR* ALLOPATHIC MEDICAL AND HEALTH CARE INSTITUTION AND BEDS IN RURAL AND URBAN AREAS IN THE STATE/UT AS ON 31st DECEMBER OF REPORTING YEAR.

Name of State/UT

Name of District

CONSOLIDATED INFORMATION AS ON DEC. 20...FOR THE DISTRICT-Separate sheet for each District

Sl. No.	Type of Infrastructure(Pl. specify below)	RURAL		URBAN		TOTAL	
		No. of Hospital	No. of Beds	No. of Hospital	No. of Beds	No. of Hospital	No. of Beds
1.	Clinic/Poly Clinic (Without Beds)						
2.	Gen. Hospital/ Nursing Home with common Speciality						
3.	Gen. Hospital/ Nursing Home with Super-Speciality only						
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6.	Others (Specify)						
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