|  |
| --- |
| **CBHI Form No. 5B** |
| **Annual ( State / UT)** |

**NUMBER OF PRIVATE NURSING AND PARAMEDICAL PERSONNEL 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 in the district** | **No. of Contacted HIs** | **No. of Responded HIs** |
| **Hospitals/Clinics/Diagnostic Labs etc** |  |  |  |

 **Number of private nursing and paramedical personnel working in the above HIs:**

|  **S. No.** | **Nursing and Paramedical personnel** | **M** | **F** | **T** |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |
| **1** | **Nursing Personnel** |  |  |  |
| 1.1 | Nurses |   |   |   |
| 1.2 | Public Health Nurses |   |   |   |
| **2** | **Auxiliary Staff** |  |  |  |
| 2.1 | Auxiliary Nurse Midwives (ANMs) |   |   |   |
| 2.2 | Health Supervisor (Male) |   |   |   |
| 2.3 | Lady Health Visitors (LHV) |   |   |   |
| 2.4 | Multipurpose Health Workers (Male) |  |  |  |
| **3** | **Paramedical Personnel** |  |  |  |
| 3.1 | Anaesthesia Technician |  |  |  |
| 3.2 | Audio and Speech Therapy Technician |  |  |  |
| 3.3 | Blood Transfusion Technician |  |  |  |
| 3.4 | Cardio Pulmonary Perfusionist |  |  |  |
| 3.5 | Cardio Technician |  |  |  |
| 3.6 | Cardio vascular Technician |  |  |  |
| 3.7 | Dental Hygienist |  |  |  |
| 3.8 | Dental Mechanics |   |   |   |
| 3.9 | Dental Technician |  |  |  |
| 3.10 | Dialysis Technician |  |  |  |
| 3.11 | Dieticians |   |   |   |
| 3.12 | ECG Technician |  |  |  |
| 3.13 | Emergency Medical Services Technician |  |  |  |
| 3.14 | Endoscopy Technician |  |  |  |
| 3.15 | Laboratory Assistant/Technicians |   |   |   |
| 3.16 | Neuro Technician |  |  |  |
| 3.17 | Occupational Therapy Technician |  |  |  |
| 3.18 | Operation Theatre Technician |  |  |  |
| 3.19 | Optometry Technician# |   |   |   |
| 3.20 | Orthopaedic / Prosthetic technicians |  |  |  |
| 3.21 | Pharmacists |  |  |  |
| 3.22 | Physiotherapists |   |   |   |
| 3.23 | Radio Therapy Technician |   |   |   |
| 3.24 | Radiographer/Radiographic Technician |  |  |  |
| 3.25 | Vascular Surgery Technician |   |   |   |
| 3.26 | Others(specify) |  |  |  |
|  | **GRAND TOTAL** |  |  |  |

 **NOTE: M - Male, F - Female, T - Total**

1. All nurses and paramedical personnel employed in Clinical / Non-Clinical Govt.establishments including those involved in administrative duties.
2. # Optometry Technician includes Ophthalmic Assistant, Para Medical Ophthalmic Assistant, Optometrist, refractionist etc
3. **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**