

CBHI Form No.	6A
Annual	

**GOVERNMENT\* ALLOPATHIC SECONDARY / TERTIARY LEVEL MEDICAL & HEALTH CARE INSTITUTIONS AND BEDS IN RURAL & URBAN AREAS IN THE STATE/UT AS ON 31ST DECEMBER OF REPORTING YEAR**

Name of the State / UT

YEAR

Type of Infrastructure		RURAL		URBAN		TOTAL	
Sl. No.	Belonging To State/UT Govt	Number	No. of Beds	Number	No. of Beds	Number	No. of Beds
1	Community Health Centre						
2	Sub-Divisional/Taluk Hospital						
3	District Hospital						
4	Municipal Corporation Hospital						
5	Other General Hospital also including Prison Hospital, Police Hospital etc other than at sl.no. 1, 2, 3 and 4 above						
6	Maternity Hospital						
7	ID Hospital						
8	TB Hospital/Sanatorium (if any exists)						
9	Leprosy Hospital ( if any exists)						
10	Cancer Hospital						
11	Mental Hospital						
12	Dental Hospital						
13	Other Speciality & Super speciality Hospital						
<b>TOTAL I</b>							

	<b>Belonging to Central/ Other Organisations</b>						
1	ESI Hospital						
2	CGHS Hospital						
3	Railway Hospital						
4	General Hospital other than at sl no 1,2 and 3 above						
5	Maternity Hospital						
6	ID Hospital						
7	TB Hospital/Sanatorium (if any exists)						
8	Leprosy Hospital ( if any exists)						
9	Cancer Hospital						
10	Mental Hospital						
11	Dental Hospital						
12	Other Speciality & Super speciality Hospital						
<b>TOTAL II</b>							
<b>GRAND TOTAL(I+II)</b>							

\* These should include all Institutions run by different Govt. departments including States/Central/Local Bodies/Autonomous Govt.

NB: Hospital includes Nursing Homes with Bed.

To

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Signature	
Name & Designation	
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