



## KERALA STATE COUNCIL FOR CLINICAL ESTABLISHMENTS

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[Website:www.clinicalestablishments.kerala.gov.in](http://www.clinicalestablishments.kerala.gov.in)

### NOTIFICATION

(Under Section 4(g) of Kerala Clinical Establishments (Registration and Regulation) Act 2018)

**No: 484/Accts/KSCCE/2023 Thiruvananthapuram**

**25.01.2024**

In exercise of the powers conferred under section 4(g) of Kerala Clinical Establishments (Registration and Regulation) Act 2018, The Secretary, Kerala State Council for Clinical Establishments hereby notifies the data and information which are to be mandatorily provided by clinical establishments including their periodicity.

### INFORMATION AND STATISTICS FROM CLINICAL ESTABLISHMENTS UNDER THE KERALA CLINICAL ESTABLISHMENTS ACT 2018

#### 1. MODERN MEDICINE

<b>A. General Information</b>		
1	Name of the Clinical Establishment	
2	Registration Number of the Clinical Establishment	
3	Unique Id of Clinical Establishment	
4	NIN Number (if available)	
5	Address	
6	Panchayat (Select from the list)	
7	Block Panchayat (Select from the list)	
8	Taluk (Select from the list)	
9	District(Select from the list)	
10	Legislative Assembly(Select from the list)	
11	Parliament Constituency(Select from the list)	
12	Pin code	
13	Telephone No (Land Line with STD Code)	

14	Website, if any	
15	Name of Person in charge	
16	Email ID and mobile Number of Contact Person	
17	Type of Area (Tribal – 1, Costal – 2, others – 3)	
18	System of medicine (code)	
19	Clinical Establishment Type(Public – 1, Private – 2)	
20	If Ownership is Public, type of ownership (code)	
21	If Ownership is Private, type of ownership (code)	
22	For Govt institutions please specify the type (Code)	
23	Mention whether General practice/Specialty practice/ Medical Super-Specialty /Surgical Super Specialty (Code) (Modern medicine only)	
24	If Specialty / Medical Super-Specialty /Surgical Super specialty mention branch (Code)	
25	Specialty Branch in case if System of medicine is Ayurveda/Homoeo/Unani/Siddha/ Yoga and Naturopathy	
26	Whether empaneled in Insurance Schemes (Yes – 1, No – 2)	
27	Type of Insurance (Govt – 1, Private – 2, Both - 3)	

## Part I: Registration Particulars

### Codes:-

**Item no 18**– *Modern Medicine -1, Ayurveda - 2, Homoeo - 3, Unani –4, Siddha - 5, Yoga and Naturopathy –6*

**Item no 20** – *State Govt – 1, Central Govt – 2, Local Govt – 3, ESIC – 4, Autonomous organization under Govt – 5, PSUs- 6, Police – 7, Railway – 8, Others - 9*

**Item no 21** - *Partnership – 1, Individual Proprietorship – 2, Registered Company – 3, Trust/Charitable - 4, Co-operative Society – 5*

**Item no 22** - *Subcentre - 01, PHC -02, CHC - 03, THQH -04, TH -05, GH - 06, DH -07,MC -08, others -09*

**Item no23**- *General practice - 1, Specialty -2, Medical Super-Specialty -3, Surgical Super Specialty -4*

**Item no 24** –*General Medicine-201, Paediatrics-202, Psychiatry -203, Tuberculosis & Respiratory Medicine-204, Rheumatology-205, Physical Medicine and Rehabilitation-206, Dermatology, Venereology, Leprosy-207, General Surgery-208, Orthopedics -209, Ophthalmology-210, Obstetrics & Gynaecology 211, Otorhinolaryngology(ENT) – 212, Cardiology-301, NeoNatology-302,Nephrology-303, Neurology-304, Nuclear Medicine-305, Medical Gastroenterology-306, Endocrinology-307, Medical & Surgical oncology-308, Clinical Hematology including Stem cell therapy-309, infectious diseases –310, anesthesia –311, if any other - 312(specify) Cardiothoracic & Vascular Surgery-401, urology-402, Pediatric Surgery-403, Neuro-Surgery-404, Plastic&Reconstructivesurgery-405, Surgical Gastroenterology-406, Endocrine Surgery-407, Gynecological Oncology-408, if any other - 409 specify*

**Item no 25-***Ayurveda VishaChikitsa-01, Ayurveda shalya Chikitsa-02, Ayurveda KsharaSootra Chikitsa-03, Ayurveda Marma Chikitsa-04, Ayurveda Kaya Chikitsa-05, Ayurveda Panchakarma Chikitsa-06, Ayurveda Rasayana and Vajeekarana Chikitsa-07, Ayurveda Manasikaroga Chikitsa-08, Ayurveda Nethra Siroroga Chikitsa-09, Ayurveda Bala Chikitsa-010, Ayurveda Prasoothi&Streeroga Chikitsa-011, Ayurveda Swasthavriha Chikitsa-012, Ayurveda others- if any other specify 013, Unani Matab-11, Unani Jarahat-12, Unani Ilaj-bit-Tadbeer-13, Unani Hifzan-e-sehat-14, Unani others specify-15, Siddha Maruthuvam-21, SidhhaSirappu Maruthuvam-22, Siddha Varmam Thokkanam-23, Siddha others specify-24, Homeo General Homeopathy-31, Homeo Others Specify-32*

## Part II: Monthly Reporting

<b>B. Patient Services(Number)</b>					
Sl. No.	Description	Male	Female	Transgender	Total
1	Total OPD patients (Old Cases)				
2	Total OPD patients (New Cases)				
3	Total IPD Patients				
4	Total Midnight Count				
5	Total Deliveries including C section				
6	Total C Section				
7	Live Births				
8	Still Births				

<b>C. Major &amp; Minor Surgeries(Number)</b>									
S.No.	Type	Major Surgeries				Minor Surgeries			
		Male	Female	Transgender	Total	Male	Female	Transgender	Total
1	Cardiac Related								
2	Neurosurgeries								
3	Orthopedic Related								
4	Obstetrics & Gynecology Related								
5	Oncology Related								
6	Ophthalmology Related								
7	Dental Related								
8	ENT Related								
9	Genitourinary System Related								
10	Emergency Surgery Following Accident								
11	Plastic & Reconstructive								

	Surgeries								
12	Surgical Gastroenterology								
13	Others(Specify)								

#### D. Number of deaths(Number)

Sl.No.	Death	Male	Female	Transgender
1	Infant deaths within 24 hours (1 to 23 hours) of birth			
2	Infant Deaths up to 4 weeks			
3	Infant Deaths (1 -12 months)			
4	Child Deaths (1 -5 years)			
5.	Death (6 – 15 years)			
6	Death (16 and above)			
7	Number of Maternal Deaths			

#### E. Cause of deaths(Number)

Sl.No.	Death Due to	Male	Female	Transgender
1	Diseases of Cardiovascular system			
2	Diseases of Respiratory System			
3	Diseases of Genitourinary System			
4	Diseases of Digestive System			
5	Neoplasms			
6	Endocrine, Nutritional and Metabolic Diseases			
7	Infections and Parasitic Diseases			
8	Conditions originating in the perinatal period			
9	Injury, Poisoning and other consequences of external causes			
10	Other Causes			

#### F. Communicable Diseases (Number of Cases Diagnosed in OPD or evaluated or diagnosed in IPD)

Sl.No.	Disease	Old patient			New patient		
		Male	Female	Transgender	Male	Female	Transgender
1	Malaria						
2	Pulmonary Tuberculosis						
3	Extra Pulmonary Tuberculosis						
4	Dengue Hemorrhage fever						
5	Chikungunya						
6	Meningitis						
7	Typhoid						
8	Diphtheria						
9	Whooping cough						
10	Tetanus						

11	Measles						
12	Poliomyelitis						
13	Japanese Encephalitis						
14	Cholera						
15	Syphilis						
16	Gonorrhoea						
17	Leprosy (Multi bacillary)						
18	Leprosy (Pauci bacillary)						
19	Gastroenteritis						
20	Leptospirosis						
21	Hepatitis						
22	Conjunctivitis						
23	Trachoma						
24	Rabies						
25	Covid-19						
26	H1N1						
27	Other pandemics(Specify)						

**G. Non communicable Diseases (Number of Cases Diagnosed in OPD or evaluated or diagnosed in IPD)**

Sl.No.	Disease	Old patient			New patient		
		Male	Female	Transgender	Male	Female	Transgender
1	Diseases of Respiratory System						
2	Diseases of Cardiovascular System						
3	Neoplasms						
4	Endocrine, Nutritional & Metabolic Diseases						
5	Diseases of Digestive System						
6	Diseases of Genitourinary System						
7	Diseases of Nervous system						
8	Mental and Behavioral disorders						
9	ENT related diseases						
10	Dental Related diseases						
11	Diseases of EYE and adnexa						
12	Others						

**H: Specialty/Department wise Details: General Information**

Name of Specialty	OPD patients	Beds (Indicate ICU Beds also)	IP	Bed Occupancy Rate	Number of Minor Procedure Done	Number of Major procedures Done	Number of Deaths	Number of cases referred to other hospitals
Ophthalmology								
Psychiatry								
Orthopedic								
Obstetrics and								

Gynecology								
Pediatrics								
CTVS								
Cardiology								
Neurology								
Gastroenterology								
Endocrinology								
Oncology								
Urology								
Nephrology								
Trauma Care								
General Medicine								
General Surgery								
Neuro Surgery								
Surgical Gastro								
ENT								
Pulmonology								
Dermatology								
Rheumatology								
Dental								
Infectious Diseases								

<b>I. Specialty/Department wise Details</b>		
<b>Name of Specialty</b>	<b>Name of Disease / Procedure</b>	<b>No of Cases</b>
Ophthalmology	Cataract operations done	
	Glaucoma cases	
	Corneal Transplants done	
Psychiatry	No. of Psychosis cases under treatment	
Obstetrics and Gynecology	No. of deliveries conducted (including Caesarian deliveries)	
	No. of Still Births	
	No. of Maternal Deaths	
Neuro-Surgery	No. of Strokes	
	Epilepsy	
CTVS		
Cardiology		
Gastroenterology	No. of Cirrhosis cases	
Trauma care	No. of Major Head Injuries	
	Coma cases	

	No. of Brain Stem Death Certified	
Oncology	Type of Cancers	
Nephrology	Chronic Kidney Diseases (indicate	
	Grade)	
	CRF	
	No. of Patients on Dialysis	
ENT		
Urology		
Dental		
Gastro Surgery		
Pulmonology		

<b>J: Infrastructure</b>			
No. of Beds		No of Invasive Ventilators	
No. of Pay Wards		No. of Ambulances	
No of Oxygen Supported Beds		No of ICU Ambulances	
No of Noninvasive Ventilators			
<b>Facilities available</b>	<b>( Yes/No)</b>	<b>Facilities available</b>	<b>(Yes/No)</b>
Operation Theatre		Angiogram	
ICU / CCU		Angioplasty	
Ventilator		X-ray	
CT Scanner		Laser Ray	
MRI Scanner		Blood Bank	
Ultra Sound scanner		Blood Storage Unit	
TMT		Clinical Lab	
ECHO		Pharmacy	
EEG		Mortuary	
ECG		Dialysis Unit	

<b>K. No. of tests performed in the following departments:</b>			
<b>Department</b>	<b>Number of tests</b>	<b>Department</b>	<b>Number of tests</b>
X ray		ECHO cardiography	
USG		Holter monitoring	
CT Scan		PET	
MRI		EEG	
Mammography		EMG	
Bone Densitometry		PFT	
Doppler		DLCO	
ECG		MCV	

**L. Man Power – Medical Officers (Number)**

Specialty	Male	Female	Transgender	Specialty	Male	Female	Transgender
Medicine				Pathology			
Surgery				ENT			
Obstetrics & Gynecology				Dental			
Pediatrics				MO			
Anesthesia				Dermatology			
Ophthalmology				Psychiatry			
Orthopedics				Microbiology			
Radiology				Forensic Specialist			
Others(specify)				Pulmonology			

**M. Man Power – Nurses, Paramedical and Others(Number)**

Cadre	Male	Female	Transgender	Cadre	Male	Female	Transgender
Staff Nurse				CSSD Asst			
Lab Tech				Social Worker			
Pharmacist				Counsellor			
Storekeeper				Dermatology Technician			
Radiographer				Cyto – technician			
ECG Tech/Eco				PFT Technician			
Audiometrician				Dental Technician			
Optha. Asst				Darkroom Asst			
EEG Tech				Rehabilitation Therapist			
Dietitian				Biomedical Engineer			
Physiotherapist				Cleaning Staff			
O T Technician				Others			

**N. Details of Laboratory - Tests**

S.No.	Department	Tests Number
1	Hematology	
2	Biochemistry	
3	Immunology	
4	Serology	
5	Pathology	
6	Cytology & Histopathology	
7	Molecular Biology	
8	Virology	

**O. Number of test done and reported positive:**

Sl.No.	Disease & Name of Test	Total No of Tests performed	Number of positive
1	HIV		
2	Tuberculosis		
3	Malaria falciparum		
4	Dengue		
5	Chikungunya		
6	Japanese Encephalitis		
7	Others		
(i)	HAV		
(ii)	HBV		
(iii)	HCV		
(iv)	HDV		
(v)	Malaria vivax		
(vi)	Leptospirosis		
(vii)	H <sub>1</sub> N <sub>1</sub> /Influenza		
(viii)	Meningococcal Meningitis		
(ix)	Shigella		
(x)	Typhoid		
(xi)	Paratyphoid A		
(xii)	Paratyphoid B		
(xiii)	Plague		
(xiv)	Cholera		
(xv)	Syphilis		
(xvi)	Gonorrhoea		

## **2. Clinical Laboratories and Diagnostic Imaging Centre**

<b>Part I: Registration Particulars</b>		
<b>A. General Information</b>		
1	Name of the Clinical Establishment	
2	Registration Number of the Clinical Establishment	
3	Address	
4	Panchayat (*code: select from the list)	
5	Block Panchayat (*code)	
6	Taluk (*code)	
7	District (*code)	
8	Legislative Assembly (Code)	
9	Parliament Constituency (Code)	
10	Pin code	
11	Telephone No (Land Line with STD Code)	
12	Website, if any	
13	Name of Person in charge	
14	Email ID and mobile Number of Person in charge	
15	Type of Area (Tribal – 1, Costal – 2, others – 3)	
16	Type of Establishment (Laboratory – 1, Diagnostic and Imaging Centre – 2, Both Laboratory and diagnostic imaging centre - 3)	
17	Clinical Establishment Type(Public – 1, Private – 2)	

### **Part II: Monthly Reporting**

<b>B. Man Power – Medical Officers, Nurses, Paramedical and Others</b>			
Cadre	NUMBER	Cadre	NUMBER
Medicine		Physiotherapist	
Pathology		O T Technician	
Radiology		CSSD Asst	
Microbiology		Social Worker	
Staff Nurse		Counsellor	
Lab Tech		Dermatology Technician	
Pharmacist		Cyto – technician	
Storekeeper		PFT Technician	
Radiographer		Dental Technician	
ECG Tech/Eco		Darkroom Asst	

Audiometrician		Rehabilitation Therapist	
Ophthalmic Asst		Biomedical Engineer	
EEG Tech		Cleaning Staff	
Dietitian		Others (specify)	

<b>C. Details of Laboratory - Tests</b>		
<b>Sl.No.</b>	<b>Department</b>	<b>Tests Number</b>
1	Hematology	
2	Biochemistry	
3	Immunology	
4	Serology	
5	Pathology	
6	Cytology & Histopathology	
7	Molecular Biology	
8	Virology	

<b>D. Number of test done and reported positive:</b>			
<b>Sl.No.</b>	<b>Disease &amp; Name of Test</b>	<b>Total No of Tests performed</b>	<b>Number of positive</b>
1	HIV		
2	Tuberculosis		
3	Malaria falciparum		
4	Dengue		
5	Chikungunya		
6	Japanese Encephalitis		
7	Others		
(i)	HAV		
(ii)	HBV		
(iii)	HCV		
(iv)	HDV		
(v)	Malaria vivax		
(vi)	Leptospirosis		
(vii)	H <sub>1</sub> N <sub>1</sub> /Influenza		
(viii)	Meningococcal Meningitis		
(ix)	Shigella		
(x)	Typhoid		
(xi)	Paratyphoid A		
(xii)	Paratyphoid B		
(xiii)	Plague		
(xiv)	Cholera		
(xv)	Syphilis		
(xvi)	Gonorrhea		

<b>E. No. of tests performed in the following departments:</b>			
<b>Department</b>	<b>Number of tests</b>	<b>Department</b>	<b>Number of tests</b>
X ray		ECHO cardiography	
USG		Holter monitoring	
CT Scan		PET	
MRI		EEG	
Mammography		EMG	
Bone Densitometry		PFT	
Doppler		DLCO	
ECG		MCV	

### 3. Dental

#### Part I: Registration Particulars

<b>A. General Information</b>		
1	Name of the Clinical Establishment	
2	Registration Number of the Clinical Establishment	
3	Unique Id of Clinical Establishment	
4	NIN Number (if available)	
5	Address	
6	Panchayat (Select from the list)	
7	Block Panchayat(Select from the list)	
8	Taluk(Select from the list)	
9	District(Select from the list)	
10	Legislative Assembly(Select from the list)	
11	Parliament Constituency(Select from the list)	
12	Pin code	
13	Telephone No (Land Line with STD Code)	
14	Website, if any	
15	Name of Person in charge	
16	Email ID and mobile Number of Contact Person	
17	Type of Area (Tribal – 1, Costal – 2, others – 3)	
18	System of medicine(code)	
19	Clinical Establishment Type(Public – 1, Private – 2)	
20	If Ownership is Public, type of ownership (code)	
21	If Ownership is Private, type of ownership (code)	
22	For Govt institutions please specify the type (Code)	
23	Mention whether General practice/Specialty practice/ Medical Super-Specialty /Surgical Super Speciality (Code) (Modern medicine only)	
24	If Speciality / Medical Super-Specialty /Surgical Superspecialty mention branch (Code)	
25	Specialty Branch in case if System of medicine is Ayurveda/Homeo/Unani/Sidha/ Yoga and Naturopathy	
26	Whether empaneled in Insurance Schemes (Yes – 1, No – 2)	
27	Type of Insurance (Govt – 1, Private – 2, Both - 3)	

#### Codes:-

**Item no 18**–Modern Medicine -1, Ayurveda - 2, Homeo - 3, Unani –4,Sidha - 5, Yoga and Naturopathy –6

**Item no 20**– State Govt – 1, Central Govt – 2, Local Govt – 3, ESIC – 4, Autonomous organization under Govt – 5, PSUs- 6, Police – 7, Railway – 8, Others - 9

**Item no 21** -Partnership – 1, Individual Proprietorship – 2,Registered Company – 3, Trust/Charitable -4, Co-operative Society - 5

**Item no 22** - Subcentre - 01, PHC -02, CHC - 03, THQH -04 , TH -05, GH - 06 , DH -07,MC -08, others -09

**Item no23**-General practice - 1,Specialty -2,Medical Super-Specialty -3,Surgical Super Specialty -4

**Item no 24** –General Medicine-201,Paediatrics-202, Psychiatry -203, Tuberculosis& RespiratoryMedicine-204, Rheumatology-205, Physical Medicine and Rehabilitation-206, Dermatology, Venereology, Leprosy-207, General Surgery208, Orthopedics -209, Ophthalmology-210, Obstetrics &Gynaecology-211,Otorhinolaryngology(ENT) - 212 Cardiology-301, NeoNatology-302,Nephrology-303,Neurology-304,Nuclear Medicine-305,Medical Gastroenterology-306, Endocrinology-307, Medical & Surgical oncology-308, Clinical Hematology including Stem cell therapy-309, infectious diseases –310, anesthesia –311, if any other - 312(specify)  
Cardiothoracic & Vascular Surgery-401, urology-402, Pediatric Surgery-403, Neuro-Surgery-404, Plastic&Reconstructivesurgery-405, Surgical Gastroenterology-406, Endocrine Surgery-407, Gynecological Oncology-408, if any other - 409 specify

**Item no 25**-Ayurveda VishaChikitsa-01, Ayurveda shalya Chikitsa-02, Ayurveda KsharaSootra Chikitsa-03  
Ayurveda Marma Chikitsa-04, Ayurveda Kaya Chikitsa-05, Ayurveda Panchakarma Chikitsa-06, Ayurveda Rasayana and Vajeekarana Chikitsa-07, Ayurveda Manasikaroga Chikitsa-08, Ayurveda Nethra Siroroga Chikitsa-09, Ayurveda Bala Chikitsa-010, Ayurveda Prasoothi&Streeroga Chikitsa-011, Ayurveda Swasthavritha Chikitsa-012,Ayurveda others- if any other specify 013

Unani Matab-11, Unani Jarahat-12, Unani Ilaj-bit-Tadbeer-13,Unani Hifzan-e-sehat-14,Unani othersspecify-15 Siddha Maruthuvam-21, SidhhaSirappu Maruthuvam-22,SiddhaVarmam Thokkanam-23, Siddha others specify-24 Homeo General Homeopathy-31, Homeo Others Specify-32

## Part II: Monthly Reporting

<b>B. Patient Services(Number)</b>					
S.No.	Description	Male	Female	Transgender	Total
1	Total OPD patients (Old Cases)				
2	Total OPD patients (New Cases)				
3	Total IPD Patients				
4	Total Midnight Count				

<b>C. Major &amp; Minor Surgeries(Number)</b>									
S.No.	Type	Major Surgeries				Minor Surgeries			
		Male	Female	Transgender	Total	Male	Female	Transgender	Total
1	Dental Related								

<b>D. Number of deaths(Number)</b>				
S.No.	Death	Male	Female	Transgender
1	Number of Deaths			

<b>E. Cause of deaths(Number)</b>				
S.No.	Death Due to	Male	Female	Transgender
1	Neoplasms			
2	Injury, Poisoning and other consequences of external causes			
3	Other Causes			

**F. Communicable Diseases** (Number of Cases Diagnosed in OPD or evaluated or diagnosed in IPD)

S.No.	Disease	Old patient			New patient		
		Male	Female	Transgender	Male	Female	Transgender
1	Extra Pulmonary Tuberculosis						
2	Dengue Hemorrhage fever						
3	Diphtheria						
4	Measles						
5	Syphilis						
6	Hepatitis						
7	Rabies						
8	Covid-19						
9	H1N1						
10	Other pandemics(Specify)						

**G. Noncommunicable Diseases** (Number of Cases Diagnosed in OPD or evaluated or diagnosed in IPD)

S.No.	Disease	Old patient			New patient		
		Male	Female	Transgender	Male	Female	Transgender
1	Dental Related diseases						
2	Others						

**H.Specialty/Department wise Details: General Information**

Name of Specialty	OPD patients	Beds (Indicate ICU Beds also)	IP	Bed Occupancy Rate	Number of Minor Procedure Done	Number of Major procedures Done	Number of Deaths	Number of cases referred to other hospitals
Dental								

**I. Specialty/Department wise Details**

Name of Specialty	Name of Disease / Procedure	No of Cases
	<b><u>Diseases</u></b>	
	1.DentalCaries	
	2.Gingivitis	
	3.Periodontitis	
	4.Dento Alveolar Abscesses	

Dental	5. Cysts & Tumors		
	6. Leukoplakia		
	7. Sub mucous Fibrosis		
	8. Lichenplanus		
	9. Erythroplakia		
	10. Hyperplastic Candidiasis-		
	11. OP MDs		
	12. Malignancies		
	13. Fracture of Jaws		
	14. Fracture of Teeth		
	15. Osteomyelitis		
	16. Haemorrhagic Diseases from mouth		
	17. Facio Maxillary Traumas		
	18. Other Lesions of Oral origin		
	<b><u>Dental Conditions</u></b>		
	1. Developmental Anomalies of Facio Maxillary Structures		
	2. Developmental Anomalies of Teeth And Surrounding Tissues		
	3. Anomalies of Salivary Glands		
4. Cranio Facial Anomalies			
5. Diseases of Bones and joints			
6. Oral Manifestation of Dermatological Diseases			
7. Haematological Disturbances			
8. Nutritional Disorders			
9. Others			
<b><u>Procedures</u></b>			
1. All Minor and Major Oral Surgeries ( under LA & GA)			
2. Periodontal Procedures			
3. Conservative And Endodontic Procedures			
4. Orthodontic Procedures			
5. Prosthodontic Procedures			
6. Paedodontic Procedures			
7. Oral Diagnostic Procedures			
8. Oral Pathologic Procedures			
9. Community Dental Procedures (Screening & Detection of Oral Malignancies and OP MDs)			
10. Other Procedures			

<b>J. Infrastructure</b>	
No of Dental Chairs	
No of Portable Dental Chairs	
No of Air Compressors	

Facilities available	Yes/No)
Autoclave	
Needle Destroyer	
Ultrasonic Scalers	
Dental Lathe	
RVG	
All Manually Operated Instruments	
UV Chamber	
Dental Loupe	
Motorized SUCTION UNIT	
Sterilizers	
Physiodispenser (Surgical Micro motor)	
Lab Micro motors	
OPG	
Dental X ray Unit/Portable	
Light Cure Unit	
Extra Oral Suction Apparatus	
Intra Oral camera	

K.No of tests performed in the following departments:	
Department	Number of tests
X ray/Cephalometric	
CBCT	
RVG	
OPG	
IOPA XRay	

L. Man Power – MedicalOfficers (Number)							
Specialty	Male	Female	Transgender	Specialty	Male	Female	Transgender
Oral & Maxillofacial Surgeons				Orthodontist			
Periodontist				Prosthodontist			
Paedodontist				Oral Diagnostician			
Endodontist				Oral Pathologist			
Community(Public) Dental Specialist							

M. Man Power –Paramedical and Others(Number)			
Specialty	Male	Female	Transgender
Dental Technician			
Dental Hygienist			
Biomedical Engineer			
DORA(Dental Operating Room Assistant.)			
Cleaning Staff			
Others(specify)			

**N. Number of test done and reported positive:**

<b>S.No.</b>	<b>Disease &amp; Name of Test</b>	<b>Total No of Tests performed</b>	<b>Number of positive</b>
1	HIV		
2	Tuberculosis		
3	Dengue		
4	Chikungunya		
(i)	HAV		
(ii)	HBV		
(iii)	HCV		
(iv)	HDV		
(vi)	Leptospirosis		
(vii)	H <sub>1</sub> N <sub>1</sub> /Influenza		
(ix)	Shigella		
(x)	Typhoid		
(xv)	Syphilis		
(xvi)	Gonorrhea		

## 4. Indian Systems of Medicine

### Part I: Registration Particulars

<b>A. General Information</b>		
1	Name of the Clinical Establishment	
2	Registration Number of the Clinical Establishment	
3	Unique Id of Clinical Establishment	
4	NIN Number (if available)	
5	Address	
6	Panchayat (Select from the list)	
7	Block Panchayat(Select from the list)	
8	Taluk(Select from the list)	
9	District(Select from the list)	
10	Legislative Assembly(Select from the list)	
11	Parliament Constituency(Select from the list)	
12	Pin code	
13	Telephone No (Land Line with STD Code)	
14	Website, if any	
15	Name of Person in charge	
16	Email ID and mobile Number of Contact Person	
17	Type of Area (Tribal – 1, Costal – 2, others – 3)	
18	System of medicine(code)	
19	Clinical Establishment Type(Public – 1, Private – 2)	
20	If Ownership is Public, type of ownership (code)	
21	If Ownership is Private, type of ownership (code)	
22	For Govt institutions please specify the type (Code)	
23	Mention whether General practice/Specialty practice/ Medical Super-Specialty /SurgicalSuper Speciality (Code) (Modern medicine only)	
24	If Speciality / Medical Super-Specialty /Surgical Superspecialty mention branch (Code)	
25	Specialty Branch in case if System of medicine is Ayurveda/Homeo/Unani/Sidha/ Yoga andNaturopathy	
26	Whether empaneled in Insurance Schemes (Yes – 1, No – 2)	
27	Type of Insurance (Govt – 1, Private – 2, Both - 3)	

#### Codes:-

**Item no 18**–Modern Medicine -1, Ayurveda - 2, Homeo - 3, Unani –4,Sidha - 5, Yoga and Naturopathy –6  
**Item no 20** – State Govt – 1, Central Govt – 2, Local Govt – 3, ESIC – 4, Autonomous organization under Govt – 5, PSUs- 6,Police – 7, Railway – 8, Others - 9

**Item no 21** -Partnership – 1, Individual Proprietorship – 2,Registered Company – 3, Trust/Charitable -4, Co-operative Society - 5

**Item no 22** - Subcentre - 01, PHC -02, CHC - 03, THQH -04 , TH -05, GH - 06 , DH -07,MC -08, others -09

**Item no23**-General practice - 1,Specialty -2,Medical Super-Specialty -3,Surgical Super Specialty -4

**Item no 24** –GeneralMedicine-201,Paediatrics-202, Psychiatry -203, Tuberculosis& RespiratoryMedicine-204, Rheumatology-205, Physical Medicine and Rehabilitation-206, Dermatology, Venereology, Leprosy-207, General Surgery208, Orthopedics -209, Ophthalmology-210, Obstetrics &Gynaecology-211,Otorhinolaryngology(ENT) - 212 Cardiology-301, NeoNatology-302,Nephrology-303,Neurology-304,Nuclear Medicine-305,Medical Gastroenterology-306, Endocrinology-307, Medical&Surgical oncology-308, Clinical Hematology including Stem cell therapy-309, infectious diseases –310, anesthesia –311, if any other - 312(specify)  
Cardiothoracic & Vascular Surgery-401, urology-402, Pediatric Surgery-403, Neuro-Surgery-404, Plastic&Reconstructivurgery-405, Surgical Gastroenterology-406, Endocrine Surgery-407, Gynecological Oncology-408, if any other - 409 specify

**Item no 25**-Ayurveda VishaChikitsa-01, Ayurveda shalya Chikitsa-02, Ayurveda KsharaSootra Chikitsa-03 Ayurveda Marma Chikitsa-04, Ayurveda Kaya Chikitsa-05, Ayurveda Panchakarma Chikitsa-06, Ayurveda Rasayana and Vajeekarana Chikitsa-07, Ayurveda Manasikaroga Chikitsa-08, Ayurveda Nethra Siroroga Chikitsa-09, AyurvedaBala Chikitsa-010, Ayurveda Prasoothi&Streeroga Chikitsa-011, Ayurveda Swasthavritha Chikitsa-012,Ayurveda others- if any other specify 013  
Unani Matab-11, Unani Jarahat-12, Unani Ilaj-bit-Tadbeer-13,Unani Hifzan-e-sehat-14,Unani othersspecify-15 Siddha Maruthuvam-21, SidhhaSirappu Maruthuvam-22,SiddhaVarmam Thokkanam-23, Siddha others specify-24Homeo General Homeopathy-31, Homeo Others Specify-32

## Part II: Monthly Reporting

<b>B. Patient Services(Number)</b>					
S.No.	Description	Male	Female	Transgender	Total
1	Total OPD patients(Old Cases)				
2	Total OPD patients (New Cases)				
3	Total IPD Patients				
4	Total Midnight Count				

<b>C. Major Panchakarma &amp; Other Procedures (Number )</b>					
S.No.	Type	Major Procedures			
		Male	Female	Transgender	Total
1	Snehapanam				
2	Swedanam				
3	Vamanam				
4	Virechanam				
5	Vasthi				
6	Rakthamoksham				
7	Ksharakarma				
8	Agnikarma				

9	Sasthrakarma				
10	Nasyam				
11	Dhoomapanam				
12	Sirovasthi				
13	Tharpanam				
14	Hijamath (Cupping)- Unani				
15	Aml-e-Kai (Cauterisation)				
16	Fasd (Venesection)				
17	Thokkanam (Massage) Siddha				
18	Vedhu (Steaming( Sidha)				
19	Others-Ayurveda (Specify)				
14	Others-Unani (Specify)				
15	Others – Sidha (Specify)				

#### D. Number of deaths(Number)

S.No.	Death	Male	Female	Transgender
1	Death ( Below 60 years )			
2	Death (60 and above)			
3	Number of Maternal Deaths			

#### E. Communicable Diseases (Number of Cases Diagnosed in OPD or evaluated or diagnosed in IPD)

S.No.	Disease	Old patient			New patient		
		Male	Female	Transgender	Male	Female	Transgender
1	Malaria						
2	Pulmonary Tuberculosis						
3	Extra Pulmonary Tuberculosis						
4	Dengue Hemorrhage fever						
5	Chikungunya						
6	Meningitis						
7	Typhoid						
8	Diphtheria						
9	Whooping cough						
10	Tetanus						
11	Measles						

12	Poliomyelitis						
13	Japanese Encephalitis						
14	Cholera						
15	Syphilis						
16	Gonorrhea						
17	Leprosy (Multi bacillary)						
18	Leprosy (Pauci bacillary)						
19	Gastroenteritis						
20	Leptospirosis						
21	Hepatitis						
22	Conjunctivitis						
23	Trachoma						
24	Rabies						
25	Covid-19						
26	H1N1						
27	Other pandemics(Specify)						

**F. Non communicable Diseases** (Number of Cases Diagnosed in OPD or evaluated or diagnosed in IPD)

S.N o.	Disease	Old patient			New patient		
		Male	Female	Transgender	Male	Female	Transgender
1	Diseases of Respiratory System						
2	Diseases of Cardiovascular System						
3	Neoplasms						
4	Endocrine, Nutritional &Metabolic Diseases						
5	Diseases of Digestive System						
6	Diseases of Genitourinary System						
7	Diseases of Nervous system						
8	Mental and Behavioral disorders						
9	ENT related diseases						
10	Dental Related diseases						
11	Diseases of EYE and adnexa						
12	Others						

### G: Specialty/Department wise Details: General Information

Name of Specialty	OPD patients	Beds	IP	Bed Occupancy Rate	Number of Minor Procedure Done	Number of Major procedures Done	Number of Deaths	Number of cases referred to other hospitals
Kayachikithsa								
Shalyathantra								
Shalakyathantra								
kaumarabhrithya								
Panchakarma								
Prasoothi & Sthreeroga								
Agadathantra								
Swasthvritha								
Manasikarogas								
Yogachikithsa								
Siddha Chikithsa								
Unani Chikithsa								
Naturopathy								

### H. Specialty/Department wise Details

Name of Specialty	Name of Disease / Procedure	No of Cases
Kayachikithsa		
Manasikaroga chikithsa		
Shalyathantra		
Shalakyathantra		
Panchakarma		
Kaumarabhrithya		
Agada Chikithsa		
Prasoothi & Sthreeroga		

Swasthavritha		
Yogachikithsa		
Sidha Chikithsa		
Unani Chikithsa		

### I: Infrastructure

No.of Beds		No of Invasive Ventilators	
No. of Pay Wards		No.of Ambulances	
No of Oxygen Supported Beds		No of ICU Ambulances	
<b>Facilities available</b>	<b>Yes/No)</b>	<b>Facilities available</b>	<b>Yes/No)</b>
Minor Surgical Theatre		Agnikarma Facility	
Panchakarma Theatre		Clinical Lab	
Abhyanga Unit		Pharmacy	
Sirodhara Unit		X-Ray Unit	
Swedana Unit		Physiotherapy Unit	
Vasthi Unit		Patient Entertainment Unit	
Shalaky Treatment Unit		Toilet Complex	
Rakthamoksha Facility		Bio Medical Waste Management Unit	
Jalaukavacharana Facility		Canteen	
Ksharasutra Facility		Others (Specify)	

### J. Man Power – Medical Officers (Number)

Specialty	Male	Female	Transgender	Specialty	Male	Female	Transgender
Kayachikithsa				Siddha chikithsa			
Shalyathanthra				General Practitioner			
Prasoothi thanthra				Resident MO			
Shalakyathanthra				Casualty MO			
Kaumarabhrithya				Medical Officer			
Agadathanthra				Senior Medical Officer			
Mansikarogas				Chief Medical Officer			
Yogachikithsa				Superintendent			
Swasthavritha				Others (Specify)			
Unani							

**K. Man Power – Nurses, Paramedical and Others(Number)**

Cadre	Male	Female	Transgender	Cadre	Male	Female	Transgender
Nursing Suptt				Therapist			
Staff Nurse				Nursing Asst			
Lab Tech				Cook			
Pharmacist				Cleaning Staff			
Storekeeper				Office Staff			
ECG Technician				Part Time Sweeper			
Sanitation Worker				Full Time Sweeper			
Watchman				Marma Attender			
Attender				Others (Specify)			

**L. Details of Laboratory - Tests**

S.No.	Department	Tests Number
1	Hematology	
2	Biochemistry	
3	Immunology	
4	Serology	
5	Pathology	
6	Cytology & Histopathology	
7	Molecular Biology	
8	Virology	

## 5. Homoeopathy

### Part I: Registration Particulars

A. General Information		
1	Name of the Clinical Establishment	
2	Registration Number of the Clinical Establishment	
3	Unique Id of Clinical Establishment	
4	NIN Number (if available)	
5	Address	
6	Panchayat (Select from the list)	
7	Block Panchayat(Select from the list)	
8	Taluk(Select from the list)	
9	District(Select from the list)	
10	Legislative Assembly(Select from the list)	
11	Parliament Constituency(Select from the list)	
12	Pin code	
13	Telephone No (Land Line with STD Code)	
14	Website, if any	
15	Name of Person in charge	
16	Email ID and mobile Number of Contact Person	
17	Type of Area (Tribal – 1, Costal – 2, others – 3)	
18	System of medicine( <u>code</u> )	
19	Clinical Establishment Type(Public – 1, Private – 2)	
20	If Ownership is Public, type of ownership (code)	
21	If Ownership is Private, type of ownership (code)	
22	For Govt institutions please specify the type (Code)	
23	Mention whether General practice/Speciality practice/ Medical Super-Specialty /Surgical Super Speciality (Code) (Modern medicine only)	
24	If Speciality / Medical Super-Specialty /Surgical Superspecialty mention branch (Code)	
25	Specialty Branch in case if System of medicine is Ayurveda/Homeo/Unani/Sidha/ Yoga and Naturopathy	
26	Whether empaneled in Insurance Schemes (Yes – 1, No – 2)	
27	Type of Insurance (Govt – 1, Private – 2, Both - 3)	

#### Codes:-

**Item no 18**–Modern Medicine -1, Ayurveda - 2, Homeo - 3, Unani –4, Sidha - 5, Yoga and Naturopathy –6

**Item no 20** – State Govt – 1, Central Govt – 2, Local Govt – 3, ESIC – 4, Autonomous organization under Govt – 5, PSUs- 6, Police – 7, Railway – 8, Others - 9

**Item no 21** -Partnership – 1, Individual Proprietorship – 2, Registered Company – 3, Trust/Charitable -4, Co-operative Society - 5

**Item no 22** - Subcenter - 01, PHC -02, CHC - 03, THQH -04, TH -05, GH - 06, DH -07, MC -08, others - 09

**Item no 23**-General practice - 1, Specialty -2, Medical Super - Specialty -3, Surgical Super Specialty -4

**Item no 24** –General Medicine-201, Paediatrics-202, Psychiatry -203, Tuberculosis & Respiratory Medicine-204,

Rheumatology-205, Physical Medicine and Rehabilitation-206, Dermatology, Venereology, Leprosy- 207, General Surgery-208, Orthopedics -209, Ophthalmology-210, Obstetrics & Gynaecology- 211, Otorhinolaryngology (ENT) – 212, Cardiology-301, Neonatology-302, Nephrology-303, Neurology-304, Nuclear Medicine-305, Medical Gastroenterology-306, Endocrinology-307, Medical & Surgical oncology-308, Clinical Hematology including Stem cell therapy-309, infectious diseases –310, anesthesia –311, if any other - 312(specify), Cardiothoracic & Vascular Surgery-401, urology-402, Pediatric Surgery-403, Neuro-Surgery-404, Plastic & Reconstructive surgery-405, Surgical Gastroenterology-406, Endocrine Surgery-407, Gynecological Oncology-408, if any other - 409 specify

**Item no 25**-Ayurveda Visha Chikitsa-01, Ayurveda shalya Chikitsa-02, Ayurveda Kshara Sootra Chikitsa-03

Ayurveda Marma Chikitsa-04, Ayurveda Kaya Chikitsa-05, Ayurveda Panchakarma Chikitsa-06, Ayurveda Rasayana and Vajeeekarana Chikitsa-07, Ayurveda Manasikaroga Chikitsa-08, Ayurveda Nethra Siroroga Chikitsa-09, Ayurveda Bala Chikitsa-010, Ayurveda Prasoothi & Streeroga Chikitsa-011, Ayurveda Swasthavriitha Chikitsa-012, Ayurveda others- if any other specify 013

Unani Matab-11, Unani Jarahat-12, Unani Ilaj-bit-Tadbeer-13, Unani Hifzan-e-sehat-14, Unani others specify-15  
Siddha Maruthuvam-21, Siddha Sirappu Maruthuvam-22, Siddha Varmam Thokkanam-23, Siddha others specify-24  
Homeo General Homeopathy-31, Homeo Others Specify-32

## Part II: Monthly Reporting

<b>B. Patient Services (Number)</b>					
<b>S.No.</b>	<b>Description</b>	<b>Male</b>	<b>Female</b>	<b>Transgender</b>	<b>Total</b>
1	Total OPD patients (Old Cases)				
2	Total OPD patients (New Cases)				
3	Total IPD Patients				
4	Total Midnight Count				

<b>C. Number of deaths (Number)</b>				
S.No.	Death	Male	Female	Transgender
1	Infant deaths within 24 hours (1 to 23 hours) of birth			
2	Infant Deaths up to 4 weeks			
3	Infant Deaths (1 -12 months)			
4	Child Deaths (1 -5 years)			
5.	Death (6 – 15 years)			
6	Death (16 and above)			
7	Number of Maternal Deaths			

<b>D. Cause of deaths (Number)</b>				
S.No.	Death Due to	Male	Female	Transgender
1	Diseases of Cardiovascular system			
2	Diseases of Respiratory System			
3	Diseases of Genitourinary System			
4	Diseases of Digestive System			
5	Neoplasms			
6	Endocrine, Nutritional and Metabolic Diseases			
7	Infections and Parasitic Diseases			
8	Conditions originating in the perinatal period			
9	Injury, Poisoning and other consequences of external causes			
10	Other Causes			

<b>E. Communicable Diseases (Number of Cases Diagnosed in OPD or evaluated or diagnosed in IPD)</b>							
S.No.	Disease	Old patient			New patient		
		Male	Female	Transgender	Male	Female	Transgender
1	Malaria						
2	Pulmonary Tuberculosis						
3	Extra Pulmonary Tuberculosis						
4	Dengue Hemorrhage fever						
5	Chikungunya						
6	Meningitis						
7	Typhoid						
8	Diphtheria						
9	Whooping cough						
10	Tetanus						
11	Measles						
12	Poliomyelitis						
13	Japanese Encephalitis						
14	Cholera						

15	Syphilis						
16	Gonorrhea						
17	Leprosy (Multi bacillary)						
18	Leprosy (Pauci bacillary)						
19	Gastroenteritis						
20	Leptospirosis						
21	Hepatitis						
22	Conjunctivitis						
23	Trachoma						
24	Rabies						
25	Covid-19						
26	H1N1						
27	Other pandemics(Specify)						

**F. Non - communicable Diseases** (Number of Cases Diagnosed in OPD or evaluated or diagnosed in IPD)

S.No.	Disease	Old patient			New patient		
		Male	Female	Transgender	Male	Female	Transgender
1	Diseases of Respiratory System						
2	Diseases of Cardiovascular System						
3	Neoplasms						
4	Endocrine, Nutritional & Metabolic Diseases						
5	Diseases of Digestive System						
6	Diseases of Genitourinary System						
7	Diseases of Nervous system						
8	Mental and Behavioral disorders						
9	ENT related diseases						
10	Dental Related diseases						
11	Diseases of EYE and adnexa						
12	Diseases of skin & subcutaneous tissue						
13	Diseases of blood & blood forming organs						
14	Diseases of Musculo skeletal system & connective tissue						
15	Injury & poisoning						
16	Others						

**G. Specialty/Department wise Details**

Name of Specialty	Name of Disease	No of Cases
	General Anxiety Disorder	
	Depression	

Seethalayam	Behavioural problems	
	OCD	
	Others	
Sadgamaya	Learning Disability	
	ADHD	
	Behavioral problems	
	Dyslexia	
	Others	
Ayushman Bhava	Diabetes Mellitus	
	Hypertension	
	Dyslipidaemia	
	Others	
Janani	PCOS	
	Endometriosis	
	Varicocele	
	Hormonal Disfunctions	
	Others	
Pain & Palliative		
Cancer	CA breast	
	Oral CA	
	CA lung	
	Others	
Thyroid clinic		
Geriatrics		
Punarjani (deaddiction)		
Allergy Asthma		
Others		

<b>H: Infrastructure</b>	
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No. of Beds	
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No. of Pay Wards	
------------------	--

No. of Ambulances	
-------------------	--

Facilities available	(Yes/No)
Ultra Sound scanner	
ECG	
Pharmacy	
X-ray	
Clinical Lab	

I. No. of tests performed in the following departments:	
Department	Number of tests
X ray	
USG	
ECG	

J. Man Power – Medical Officers (Number)			
POST	Male	Female	Transgender
Superintendent			
Chief Medical Officer			
RMO			
Medical Officer			

K. Man Power – Nurses, Paramedical and Others(Number)							
Cadre	Male	Female	Transgender	Cadre	Male	Female	Transgender
Nursing Superintendent				Part Time Sweeper			
Nurse				Watcher cum sweeper			
Nursing Assistant				Attender			
Pharmacist				Watcher			
Dispenser/ Attender				Class IV Attender			
Lab Technician				Cleaner			
Lab Attender				Cook			
Sweeper Cum peon				Night Watcher			
Sweeper Cum Sanitation				Driver			
Sanitation worker							

<b>L. Details of Laboratory - Tests</b>		
<b>S. No.</b>	<b>Department</b>	<b>Tests Number</b>
1	Hematology	
2	Biochemistry	
3	Immunology	
4	Serology	
5	Virology	

<b>M. Number of test done and reported positive:</b>			
<b>Sl.No.</b>	<b>Disease &amp; Name of Test</b>	<b>Total No of Tests performed</b>	<b>Number of positive</b>
1	Dengue		
2	Others		
(i)	HAV		
(ii)	HBV		
(iii)	Typhoid		

Dr. Sanil Kumar J G  
Secretary  
Kerala State Council for Clinical Establishments

**Explanatory Note**

(This does not form the part of the Notification, but is intended to indicate its purport)

Section 4(g) of Kerala Clinical Establishments (Registration and Regulation) Act 2018 provides that the Council shall notify data and information which are to be mandatorily provided by clinical establishments including their periodicity; analyse the data and make results available in the public domain in such manner as may be prescribed;