

Information and Statistics from Clinical Establishments under the Clinical Establishment Act

Modern Medicine

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(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/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 - 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 Speciality -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&Reconstructivsurgery-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, 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. Patient Services(Number)					
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				
5	Total Deliveries including C section				
6	Total C Section				
7	Live Births				
8	Still Births				

C. Major & Minor Surgeries(Number)									
S.No.	Type	Major Surgeries				Minor Surgeries			
		Male	Female	Transgender	Total	Male	Female	Transgender	Total
1	Cardiac Related								
2	Neurosurgeries								
3	Orthopedic Related								
4	Obstetric & 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)

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			

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	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)						

G. Noncommunicable 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								

I. Specialty/Department wise Details

Name of Specialty	Name of Disease / Procedure	No of Cases
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		

J: Infrastructure			
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			
Facilities available	Yes/No)	Facilities available	Yes/No)
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	

K. No. of tests performed in the following departments:			
Department	Number of tests	Department	Number of tests
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			
Obstetric&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:

S.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 ₁ N ₁ /Influenza		
(viii)	Meningococcal Meningitis		
(ix)	Shigella		
(x)	Typhoid		
(xi)	Paratyphoid A		
(xii)	Paratyphoid B		
(xiii)	Plague		
(xiv)	Cholera		
(xv)	Syphilis		
(xvi)	Gonorrhea		

Part II: Monthly Reporting**B. Man Power – Medical Officers, Nurses, Paramedical and Others**

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)	

C. 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	

D. Number of test done and reported positive:			
S.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 ₁ N ₁ /Influenza		
(viii)	Meningococcal Meningitis		
(ix)	Shigella		
(x)	Typhoid		
(xi)	Paratyphoid A		
(xii)	Paratyphoid B		
(xiii)	Plague		
(xiv)	Cholera		
(xv)	Syphilis		
(xvi)	Gonorrhea		

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

**Information and Statistics to be collected from
Clinical Laboratories and Diagnostic Imaging Centre
under the Clinical Establishment Act**

Part I: Registration Particulars

A. General Information

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)	