

MOTHLY /QUARTERLY REPORTS OF FREE TREATMENT IN R/O ELIGIBLE PATEINTS OF EWS CATEGORY.

Monthly/Quarterly reports of the month/ Quarter

Year

Name of the Hospital:

Name of Nodal Officer:

Tel No.

Fax No.

S.NO.	TOTAL NO. OF BEDS	TOTAL NO. OF FREE BEDS	OPD ATTENDANT				IPD ATTENDANT				NO. OF IN-PATEINT DAYS (PAID)	NO. OF IN PATEINTS (FREE)	NO. OF PATIENT REFERRED BY GOVT. HOSPITALS	OBSERVATI ON GIVEN BY HOSPITAL, IF ANY	REMARKS
			TOTAL	PAID	FREE	%AGE	TOTAL	PAID	FREE	%AGE					
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Certified that identifiable record of the patient treated under EWS category has been kept for inspection.

Prepared by

Checked by

Signature of Medical Supdt./Nodal Officer