REPORTING FORMAT FOR TRAUMA CARE FACILITIES (TCF) IDENTIFIED DURING 12TH
FIVE YEAR PLAN

Date of Submission:

1. Name of Hospital/Institute:

2. Details of the Hospital:
   - Total number of beds in the hospital:
   - Total number of ICU beds in the hospital:
   - Total number of OTs in the hospital:
   - Details of the specialties (Medical and Para Medical) in the hospital (please attach a list).

3. Full address of Hospital:
   - E-mail ID:
   - Telephone No:
   - Fax No:

4. Name of MS/Director/Dean/CMO of the Hospital:

5. Name of Nodal Officer for Trauma programme in the hospital:
   - E-mail ID:
   - Telephone No:
   - Fax No:

6. Date & details of receipt of funds by the Hospital (enclose a copy of sanction order):

7. Status of Construction?
   (a) If Started:
      - Attach the architectural design for the trauma care facility.
      - What is the status of construction?
   (b) If construction is not initiated:, reasons for not starting:

8. Status of Equipment?
   (a) Whether the hospitals has taken steps to procure the suggested equipments as per level of TCF? If yes, please enclose the supporting documents.
   (b) If not started the process of procurement the reasons thereof:
9. **Status of Manpower?**
   (a) Whether hospital has initiated any activities for hiring of contractual/ permanent manpower, as per the MoU signed between the Centre and State. **If yes, please enclose the supporting documents.**

10. Any other issues faced in implementing the trauma care programme by the states/hospitals/institution:

   **Administrative/Financial:**

   **Technical:**

11. Any other remarks/ technical guidance needed from Dte. GHS, MoH&FW:

   **(Signature of the Nodal Officer in the Hospital)**

   **(Signature of the Head of the Hospital) (Signature of the Visiting team)**