

**Quarterly Reporting of Burn Injury Cases
Under the Pilot Programme for Prevention of Burn Injuries**

Name of Medical College/District Hospital: _____

Quarter ending (please tick the relevant quarter): (31st March, 30th June, 30th September, 31st December)

A. Details of the Hospital:-

1. Total number of beds in the hospital :
2. Total number of ICU beds in the hospital :
3. Total number of OTs in the hospital :
4. Details of the specialties in the hospital :

B. Burn Injury Data:-

Sl. No	Number of Burn Injury Cases	During the Reporting Quarter	Cumulative total (Till quarter ending)
1.	OPD Cases		
1.1	Male- • above 14 yrs. • below 14 yrs.		
1.2	Female- • above 14 yrs. • below 14 yrs.		
1.3	Total (1.1 +1.2)		
2.	IPD Cases/Admission		
2.1	Male- • above 14 yrs. • below 14 yrs.		
2.2	Female- • above 14 yrs. • below 14 yrs.		
2.3	Total (2.1 +2.2)		
3.	Discharged after treatment		
4.	Died		
5.	Corrective Surgeries conducted		

C. Status of progress of establishment of Burn's Unit:-

Sl. No	Component	Progress	Reasons for delay (if any)
1.	Construction		

Sl. No	Component	List of Manpower Recruited	Time	Salary	Reasons for delay (if any)
2.	Manpower				

Sl. No	Component	List of Equipment	Cost	Reasons for delay (if any)
3.	Equipment			

D. Financial Status:-

(In Rupees)

Head	Component	Funds Allotted	Funds Released				Expenditure incurred up to -----	Unspent Balance
			Sanction _____	Sanction _____	Sanction _____	Total		
1.1	Construction & Furnishing							
1.2	Equipment							
1.3	Ambulance							
1.4	Additional Human Resource for Trauma Care Facility							
1	Total							
2.1	Interest Earned							
2.2	Utilization of Interest (if any)							
2	Total (2.1 minus 2.2)							
3	Grand Total (1 plus 2)							

E. Remarks

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**Signature of Principal/ Medical Superintendent of Medical College/District
Hospital**

Dated: