

**REPORTINGFORMAT 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 notinitiated:**, 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)