



**MINISTRY OF NATIONAL HEALTH & FAMILY WELFARE  
STATISTICAL OFFICE OF INDIA, NEW DELHI  
110 054**

Form No. 1  
Name of the Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Pin Code \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

| Part A: General Information |  | Part B: Demographic Data   |  |
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| 1. Name of the Institution  |  | 2. Name of the Institution |  |
| 3. Address                  |  | 4. Address                 |  |
| 5. City                     |  | 6. City                    |  |
| 7. State                    |  | 8. State                   |  |
| 9. Pin Code                 |  | 10. Pin Code               |  |
| 11. Telephone               |  | 12. Telephone              |  |
| 13. Fax                     |  | 14. Fax                    |  |
| 15. E-mail                  |  | 16. E-mail                 |  |
| 17. Date of Birth           |  | 18. Date of Birth          |  |
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**Part C: Statistical Data**  
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**Signature**  
\_\_\_\_\_  
Date \_\_\_\_\_

20/10/2013