Format HM4 Anaesthetist month_____ & year_____

DIVISION	DISTRICT	NAME OF HOSPITAL (DISTRICT HOSPITAL MALE/ DISTRICT HOSPITAL FEMALE/ ANY OTHER DISTRICT LEVEL HOSPITAL/ CHC/ OTHER HOSPITAL)	Name of Anaesthetist	SENIORITY NUMBER	COMPUTOR ID (as in P2)	DEGREE MD or DA OR TRAINING	No. of OT. Days Available	No. of Cases Anaesthesia Given		Cumulative Since Jan ____		Remarks
								General Anaesthesia	Spinal Anaesthesia	General Anaesthesia	Spinal Anaesthesia	