



**JOINT DIRECTOR OF
HEALTH SERVICES,
DHARMAPURI**

INDIAN DISASTER RESOURCE

NETWORK

FORM-1

DEPARTMENT OR AGENCY DETAILS

S. No.	Title	Details	
1.	Dept. Name / Agency Name*	Directorate of Medical and Rural Health Services,	
2.	Dept. Address / Agency Address*	Line 1*	Office of the Joint Director of Medical
		Line 2	and Rural Health Services,
		City*	Dharmapuri.
		Pin code*	636 704.
		Latitude	-
		Longitude	-
3.	Contact Person Name*	Dr.V.R.Janaki, MBBS.,	
4.	Contact Person Designation*	Joint Director of Medical and Rural Health Services, Dharmapuri.	

5.	Telephone Number 1 *	04342 - 262682
6.	Telephone Number 2 *	04342 - 262684
7.	Telephone Number 3 *	-
8.	Mobile Number *	9444982663
9.	Fax Number	-
10.	E mail ID	Dharmapuri.jdhs@gmail.com
11.	Source*	Govt. <input checked="" type="checkbox"/> PS Unit <input type="checkbox"/> Military <input type="checkbox"/> NDRF <input type="checkbox"/> Indian Army <input type="checkbox"/> Private NGO <input type="checkbox"/>

Enter details of items under this category on form 2 – A

Sl. No.	Item Code.	Item Name	Item Present in the department / Agency (YES / NO)
130	200	Spine boards	NO
131	201	Stretcher normal	YES
132	202	Stretcher medical evacuation	NO
134	204	Incubators for Children	YES
135	205	First aid kits	YES
136	206	CT Scan	NO
137	207	MRI	NO

Category Name – Portable equipments

Enter details of items under this category on form 2-A

138	208	Portable oxygen cylinders	YES
139	209	Portable ventilators	YES
140	210	Portable x-rays	NO
141	211	Portable ultrasound	YES
142	212	Portable ECG	YES
143	213	Portable suction unit	YES

Category Name – Lifesaving equipments

Enter details of items under this category on form 2 – A

144	214	Mechanical ventilators	YES
145	215	Defibrillator	YES

Category Name – Mobile units

Enter details of items under this category on form 2-A

146	216	Mobile OT unit	NO
147	217	Mobile blood bank	NO
148	218	Mobile lab. service	NO
149	219	Mobile hospital	NO
150	220	Mobile Medical Van	NO

Category Name - Hygiene

Enter details of items under this category on form 2 – A

151	221	Water filter	YES
152	222	Water tank	YES
153	223	Reservoirs treatment tank	NO

Category Name – Skilled human resource

Enter details of items under this category on form 2-B

154	229	General physician	YES
155	230	Trauma Specialist	YES
156	231	Surgeon	YES
157	232	Anesthetist	YES
158	233	Gynecologist	YES
159	234	Radiologist	NO
160	235	Paramedics	YES
161	236	Lab.Technicians	YES
162	237	OT assistants	YES
163	238	Medical first responders	YES

Category Name – Critical supplies

Enter details of items under this category on form 2- C

164	224	Bronchodilators	YES
165	225	Vaccines	YES
166	226	Anti Snake venom	YES
167	227	Chlorine tablets	YES
168	228	Halogen tablets	NO

ACTIVITY NAME - SHELTERS

Resource Type - Equipment

(Enter details of items under this category on Form 2-A)

Category Name - Shelters / Rehabilitation Centers

182	347	Office building	YES
183	348	Yuva Mandal Bhawan	NO
184	349	Mahila Mandal Bhawan	NO
185	350	Panchayat Bhawan	YES
186	351	School	YES

FORM 2- A

Sl. No.	*Item Code	*Item Name	*Item Description	*Item Quantity and Unit	*Specify location if not present at the department	*Availability month (Specify)	* Transportation Mode (Road, Train, Air, water or NA)	* Operator Provided (Yes/No/NA)
130	200	Spine boards		2				YES
131	201	Stretcher normal		15				YES
132	202	Stretcher medical evacuation		5				YES
133	203	Incubators for adults		0				NO
134	204	Incubators for Children		2				YES
135	205	First aid kits		9				YES

136	206	CT Scan		0				NO
137	207	MRI		0				NO
138	208	Portable oxygen cylinders		15				YES
139	209	Portable ventilators		1				YES
140	210	Portable x-rays		1				YES
141	211	Portable ultrasound		5				YES
142	212	Portable ECG		12				YES
143	213	Portable suction unit		17				YES
144	214	Mechanical ventilators		4				YES
145	215	Defibrillator		3				YES

146	216	Mobile OT unit		0				NO
147	217	Mobile blood bank		0				NO
148	218	Mobile lab. service		0				NO
149	219	Mobile hospital		0				NO
150	220	Mobile Medical Van		0				NO
151	221	Water filter		3				YES
152	222	Water tank		3				YES
153	223	Reservoirs treatment tank		0				NO

(For all types of equipment only)

FORM 2- B

Sl. No.	*Item (skill) Code	*Item (skill) Name	*No. of person available	*Availability month (January to December) (Specify)	*Prior experience in emergency response (y/n)	*Prior training emergency response (y/n)	Description (If team enter composition)
154	229	General physician	4				YES
155	230	Trauma Specialist	1				YES
156	231	Surgeon	2				YES
157	232	Anesthetist	6				YES
158	233	Gynecologist	5				YES

159	234	Radiologist	0				NO
160	235	Paramedics	35				YES
161	236	Lab.Technicians	5				YES
162	237	OT assistants	3				YES
163	238	Medical first responders	2				YES

(For all types of skilled human resource only)

FORM 2- C

Sl. No.	*Item Code	*Item Name	* Quantity available and Unit	* Specify Item location	* Availability month (Specify)	* Transportation mode (Road, Train, Air, Water or NA)	* Item Description
164	224	Bronchodilators	10550			Road	
165	225	Vaccines	400			Road	
166	226	Anti Snake venom	340			Road	
167	227	Chlorine tablets	1060			Road	
168	228	Halogen tablets	0			-	

(For all types of critical supplies only)



THANK YOU