

Health Facility Registry

Steps of registration of Private Health facilities in Health Facility Registry



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- ❖ Verification by District Verifier
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Sign Up as a Facility Manager

Healthcare Professional ID does not exist:

1. Facility Manager visits <https://facility.ndhm.gov.in/>
2. They will sign up for a Healthcare Professional ID (14-digit unique number) by clicking on “To Sign-up as a Facility Manager **Click Here**”.

Note: Please do not use any other url. Post registration, Search and Register page will open



The screenshot shows a web interface for generating a Healthcare Professional ID. At the top, there is a header "Healthcare Professional Category". Below this, the main heading is "Generate your Healthcare Professional ID". There are two prominent buttons: "Generate via Aadhaar" and "Generate via Driving Licence". Below these buttons, there is a link that says "Already have a Healthcare Professional ID? Login". At the bottom, there is a small asterisked note: "*If you choose to register using Driving Licence, you will be required to visit respective State/UT Administration office for due verification."

Sign Up as a Facility Manager

Click on “Generate via Aadhaar” Button



[Home](#)

[Login](#)

[Generate ID](#)

[Contact](#)

Create your Healthcare Professional ID

The Healthcare Professional ID will allow healthcare professional to connect to India's digital health ecosystem.

Healthcare Professional Category > [Generate ID](#)

A screenshot of the web interface for generating a Healthcare Professional ID. It features two main buttons: "Generate via Aadhaar" (top, teal) and "Generate via Driving Licence" (bottom, dark teal). The "Generate via Aadhaar" button is circled in blue. Below the buttons is a link for "Already have a Healthcare Professional ID? Login". A small disclaimer at the bottom states: "*If you choose to register using Driving Licence, you will be required to visit respective State/UT Administration office for due verification."/>

Generate via Aadhaar

Generate via Driving Licence

Already have a Healthcare Professional ID? [Login](#)

*If you choose to register using Driving Licence, you will be required to visit respective State/UT Administration office for due verification.

Sign Up as a Facility Manager

Enter the “Aadhaar” number

Create your Healthcare Professional ID

The Healthcare Professional ID will allow healthcare professional to connect to India's digital health ecosystem.

Generate ID > Aadhaar

We will send an OTP on the mobile number linked to this Aadhaar

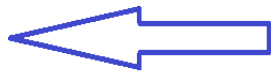
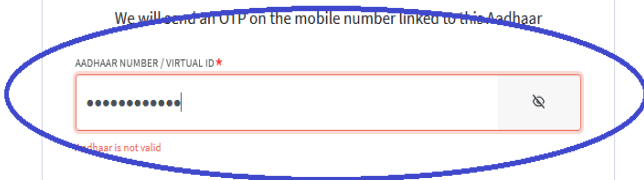
AADHAAR NUMBER / VIRTUAL ID *

.....|

Aadhaar is not valid

I, hereby declare that I am voluntarily sharing my Aadhaar Number / Virtual ID and demographic information issued by UIDAI, with National Health Authority (NHA) for the sole purpose of creation of Healthcare Professional ID. I understand that my Healthcare Professional ID can be used and shared for purposes as may be notified by Ayushman Bharat Digital Mission (ABDM) from time to time including provision of healthcare services. Further, I am aware that my personal identifiable information (Name, Address, Age, Date of Birth, Gender and Photograph) may be made available to the entities working in the National Digital Health Ecosystem (NDHE) which inter alia includes stakeholders and entities such as healthcare professional (e.g. doctors), facilities (e.g. hospitals, laboratories) and data fiduciaries (e.g. health programmes), which are registered with or linked to the Ayushman Bharat Digital Mission (ABDM), and various processes there under. I authorize NHA to use my Aadhaar number / Virtual ID for performing Aadhaar based authentication with UIDAI as per the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 for the aforesaid purpose. I understand that UIDAI will share my e-KYC details, or response of “Yes” with NHA upon successful authentication.

I consciously choose to use Aadhaar number / Virtual ID for the purpose of availing benefits across the NDHE. I am aware that my personal identifiable information excluding Aadhaar number / VID number can be used and shared for purposes as mentioned above. I reserve the right to revoke the given consent at any point of time as per provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016.



Sign Up as a Facility Manager


Check “I Agree” & “I’m not a robot” option and press submit button

The screenshot shows a web browser window with the URL <https://hprid.ndhm.gov.in/register>. The page content includes:

performing Aadhaar based authentication with UIDAI as per the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 for the aforesaid purpose. I understand that UIDAI will share my e-KYC details, or response of “Yes” with NHA upon successful authentication.

I consciously choose to use Aadhaar number / Virtual ID for the purpose of availing benefits across the NDHE. I am aware that my personal identifiable information excluding Aadhaar number / VID number can be used and shared for purposes as mentioned above. I reserve the right to revoke the given consent at any point of time as per provisions of Aadhar Act and Regulations and other laws, rules and regulations.

I agree

I'm not a robot  reCAPTCHA
Privacy - Terms

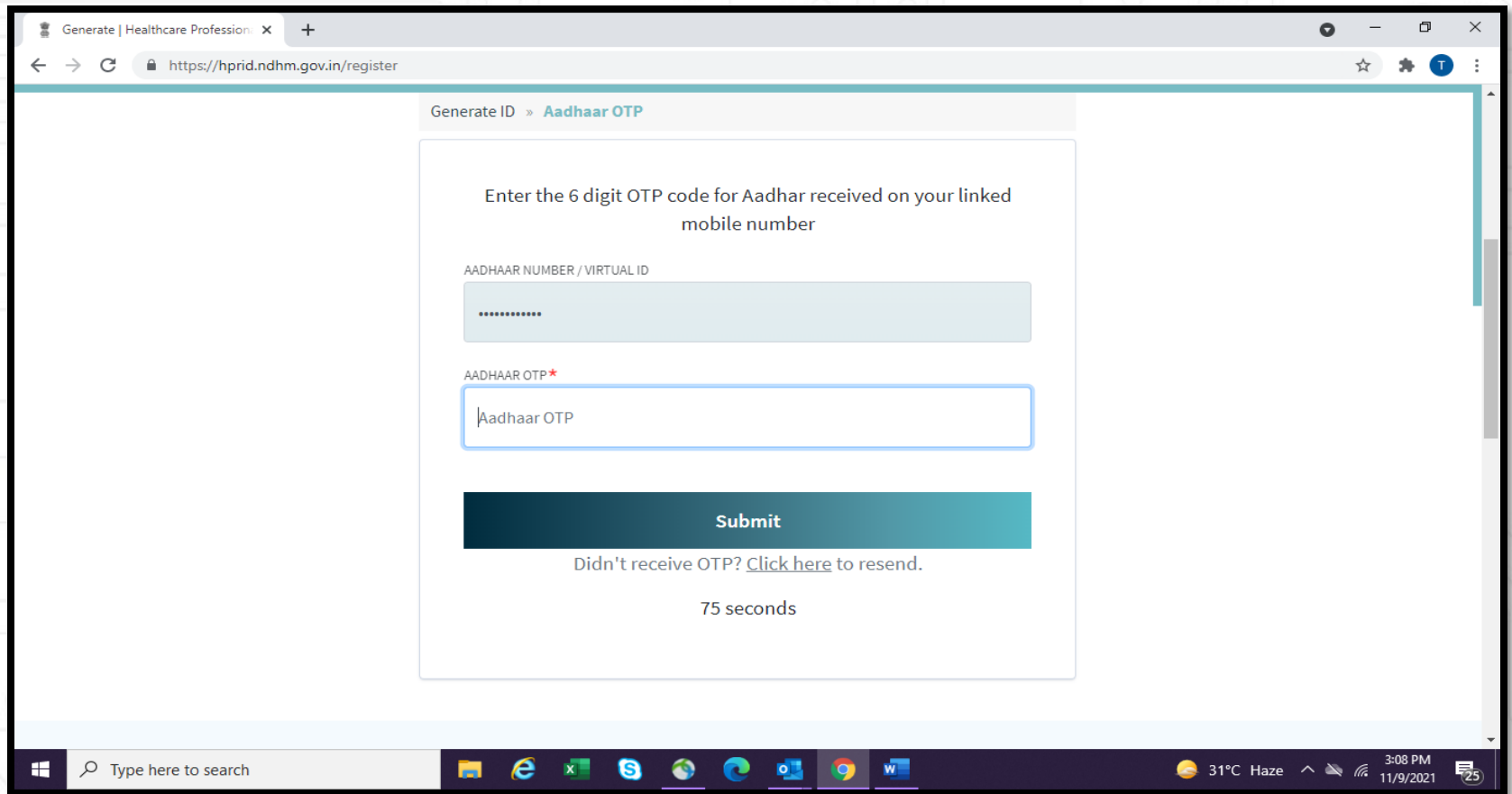
Submit

Need Help?
If you have questions regarding Healthcare Professional ID,

The browser's taskbar at the bottom shows the Windows Start button, a search bar with the text "Type here to search", and several application icons including File Explorer, Edge, Excel, Teams, and Chrome. The system tray on the right displays the weather as 31°C Haze, the time as 3:08 PM, and the date as 11/9/2021.

Sign Up as a Facility Manager

Enter the 6-digit OTP code for Aadhaar received on your linked mobile number & click on submit



The screenshot shows a web browser window with the URL <https://hprid.ndhm.gov.in/register>. The page title is "Generate ID » Aadhaar OTP". The main content area contains the following elements:

- Instruction: "Enter the 6 digit OTP code for Aadhar received on your linked mobile number"
- Field: "AADHAAR NUMBER / VIRTUAL ID" with a masked input field containing "*****"
- Field: "AADHAAR OTP*" with an input field containing "Aadhaar OTP"
- Button: "Submit" (teal)
- Text: "Didn't receive OTP? [Click here](#) to resend."
- Text: "75 seconds" (timer)

The Windows taskbar at the bottom shows the search bar, task view, and several application icons. The system tray on the right indicates a temperature of 31°C, Haze, and the time 3:08 PM on 11/9/2021.

Sign Up as a Facility Manager

Enter the mobile number; check the “I’m not a robot” option & click on submit

The screenshot shows a web browser window with the URL <https://hprid.ndhm.gov.in/register>. The page title is "Generate | Healthcare Profession". The breadcrumb navigation shows "Generate ID > Aadhaar OTP > Mobile". The main content area contains a form with the following elements:

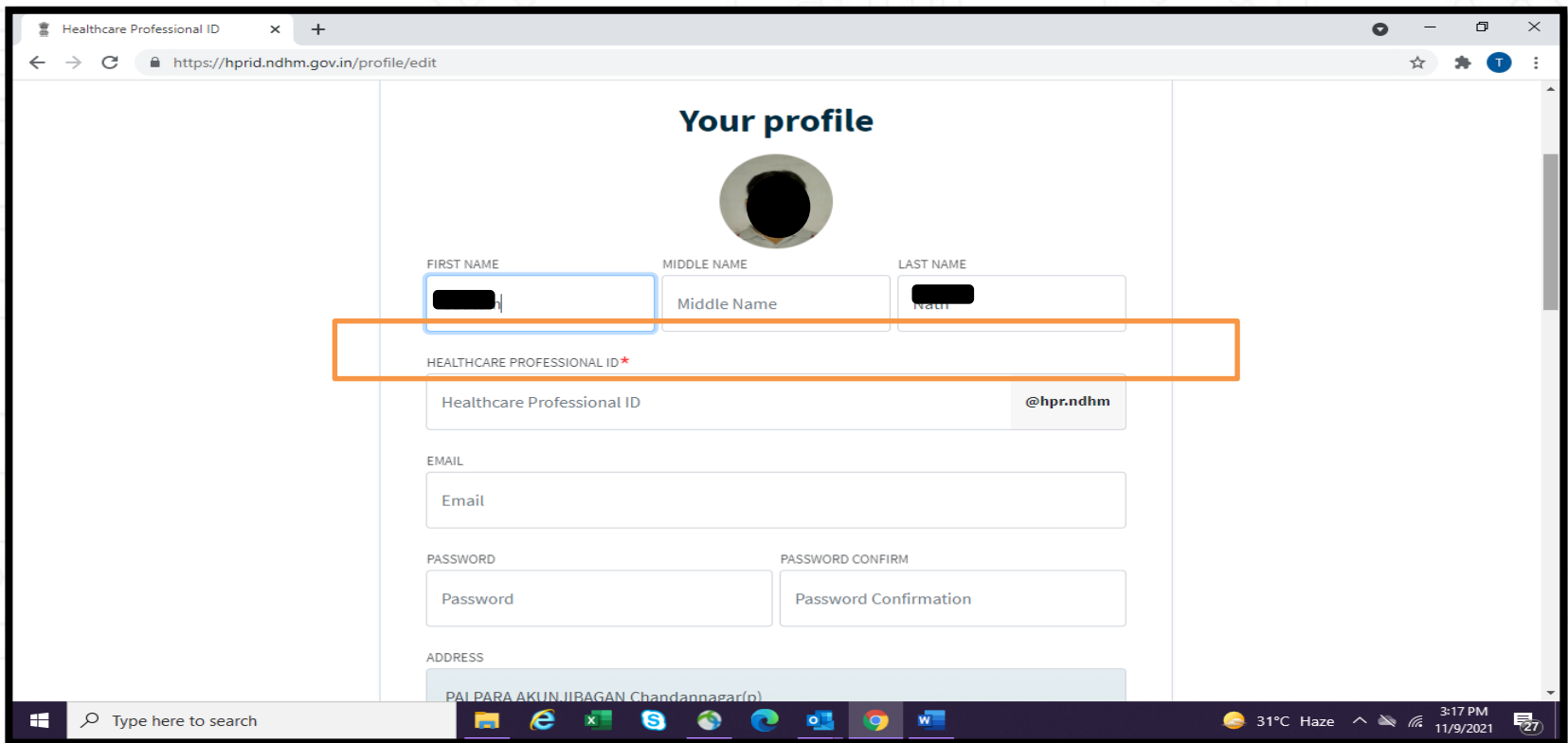
- A heading: "We will send one time password on this number"
- A label: "MOBILE*" with a red asterisk
- A text input field containing "+91" and a placeholder "Enter Mobile Number"
- A checkbox labeled "I'm not a robot" with a reCAPTCHA logo and "reCAPTCHA Privacy · Terms" link
- A teal "Submit" button

Below the form, there is a section titled "Need Help?" with the text: "If you have questions regarding Healthcare Professional ID, please go through our [FAQs section](#)".

The Windows taskbar at the bottom shows the search bar with "Type here to search", several application icons (File Explorer, Edge, Word, Teams, OneDrive, Outlook, Chrome, Word), and system tray information including "31°C Haze", "3:09 PM", and "11/9/2021".

Sign Up as a Facility Manager

Your profile will be fetched from Aadhaar details. Enter the easy memorable Healthcare Professional ID, which will be your user ID



The screenshot shows a web browser window with the URL <https://hprid.ndhm.gov.in/profile/edit>. The page title is "Your profile". The form contains the following fields:

- FIRST NAME:** A text input field containing a redacted name.
- MIDDLE NAME:** A text input field containing "Middle Name".
- LAST NAME:** A text input field containing a redacted name.
- HEALTHCARE PROFESSIONAL ID*:** A text input field, highlighted with an orange border, which is currently empty.
- Healthcare Professional ID:** A display field showing "Healthcare Professional ID" and a handle "@hpr.ndhm".
- EMAIL:** A text input field containing "Email".
- PASSWORD:** A text input field containing "Password".
- PASSWORD CONFIRM:** A text input field containing "Password Confirmation".
- ADDRESS:** A text input field containing "PAL PARA AKUN JIBAGAN Chandannagar(n)".

The Windows taskbar at the bottom shows the search bar, taskbar icons for various applications, and system tray information including 31°C Haze, 3:17 PM, and 11/9/2021.

Sign Up as a Facility Manager

Enter Healthcare Professional ID

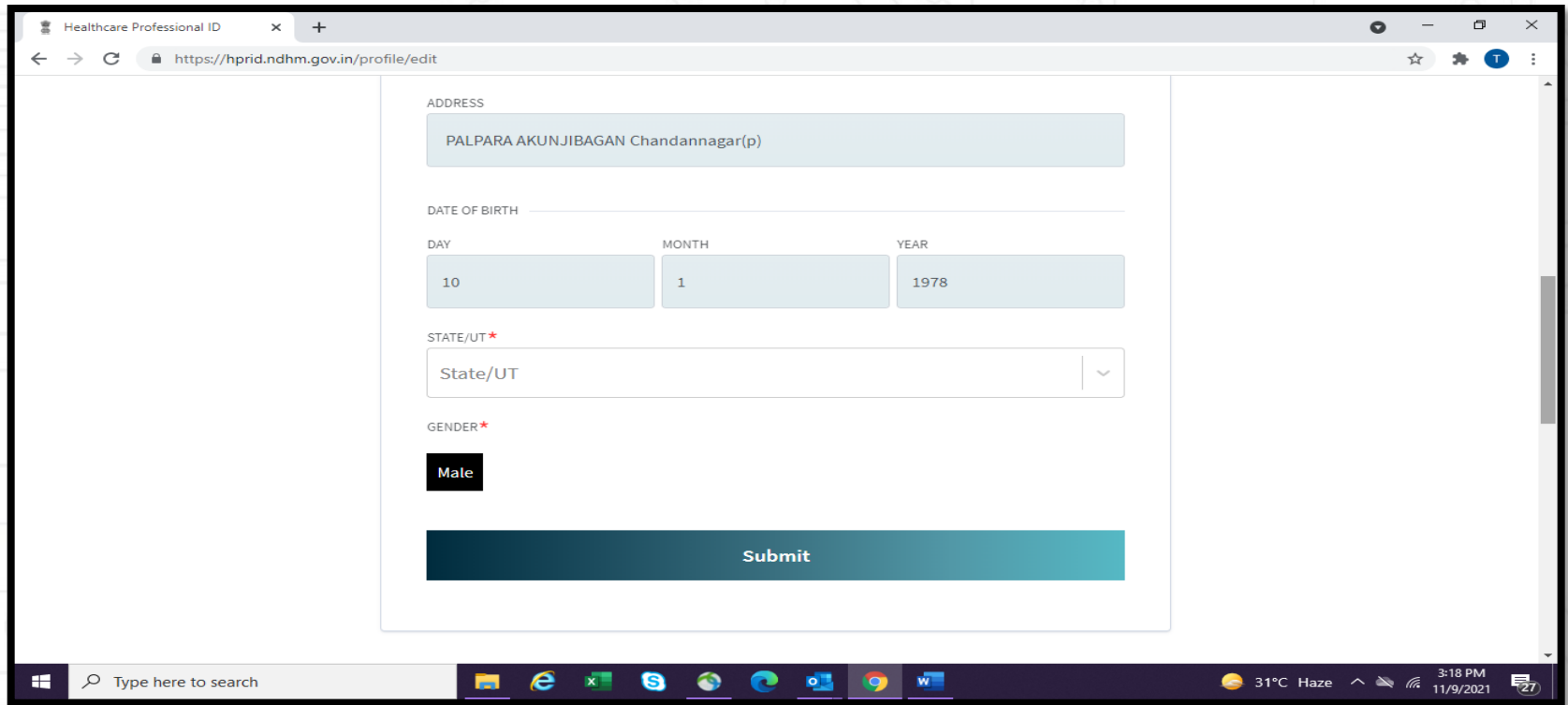
The screenshot shows a web browser window with the URL <https://hprid.ndhm.gov.in/profile/edit>. The page contains a registration form with the following fields:

- FIRST NAME:** A text input field containing a redacted name.
- MIDDLE NAME:** A text input field containing the text "Middle Name".
- LAST NAME:** A text input field containing a redacted name.
- HEALTHCARE PROFESSIONAL ID:** A text input field containing a redacted ID, followed by a dropdown menu showing "@hpr.ndhm".
- EMAIL:** A text input field containing the text "Email".
- PASSWORD:** A text input field containing the text "Password".
- PASSWORD CONFIRM:** A text input field containing the text "Password Confirmation".
- ADDRESS:** A text input field containing the text "PALPARA AKUNJIBAGAN Chandannagar(p)".

The Windows taskbar at the bottom shows the search bar with "Type here to search", several application icons (File Explorer, Edge, Word, Excel, Outlook, Chrome, Word), and system tray information including "31°C Haze", "3:18 PM", and "11/9/2021".

Sign Up as a Facility Manager

Scroll down and click on submit button



The screenshot shows a web browser window with the URL <https://hprid.ndhm.gov.in/profile/edit>. The page contains a registration form with the following fields:

- ADDRESS:** PALPARA AKUNJIBAGAN Chandannagar(p)
- DATE OF BIRTH:** DAY: 10, MONTH: 1, YEAR: 1978
- STATE/UT*:** State/UT (dropdown menu)
- GENDER*:** Male

A large teal **Submit** button is located at the bottom of the form.

The Windows taskbar at the bottom shows the search bar with the text "Type here to search", several application icons (File Explorer, Edge, Word, Excel, Teams, OneDrive, Outlook, Chrome, Word), and system tray information including "31°C Haze", "3:18 PM", and "11/9/2021".

Sign Up as a Facility Manager

Healthcare Professional ID will be generated

Healthcare Professional ID

https://hprid.ndhm.gov.in/profile

Please complete your registration in the Health Facility Registry [here](#)

Healthcare Professional ID Card

Healthcare Professional
Registration not verified

Healthcare Professional ID card available for verified registrations only

Healthcare Professional ID Number

Type here to search

31°C Haze 3:18 PM 11/9/2021

Sign Up as a Facility Manager

14-digit Health Professional ID will be generated. Note this number for future reference.

Healthcare Professional ID Number
46-5347-6641-4506

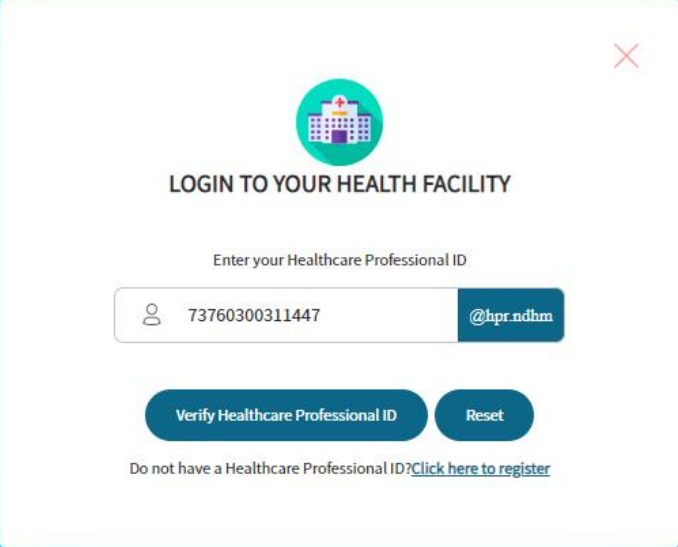
Healthcare Professional ID	██████████@hpr.ndhm
Name	██████████
Date of Birth	10/1/1978
Gender	M
Address	PALPARA AKUNJIBAGAN Chandannagar(p)
State Name	West Bengal
District Name	Hooghly
Aadhaar Verified	Yes

[Need Help?](#)


Login as a Facility Manager

Healthcare Professional ID exist:

In case he/she already has a Healthcare Professional ID, or has already submitted a facility in HFR earlier, he/she can simply click “Login as Facility Manager”. page



×



LOGIN TO YOUR HEALTH FACILITY

Enter your Healthcare Professional ID

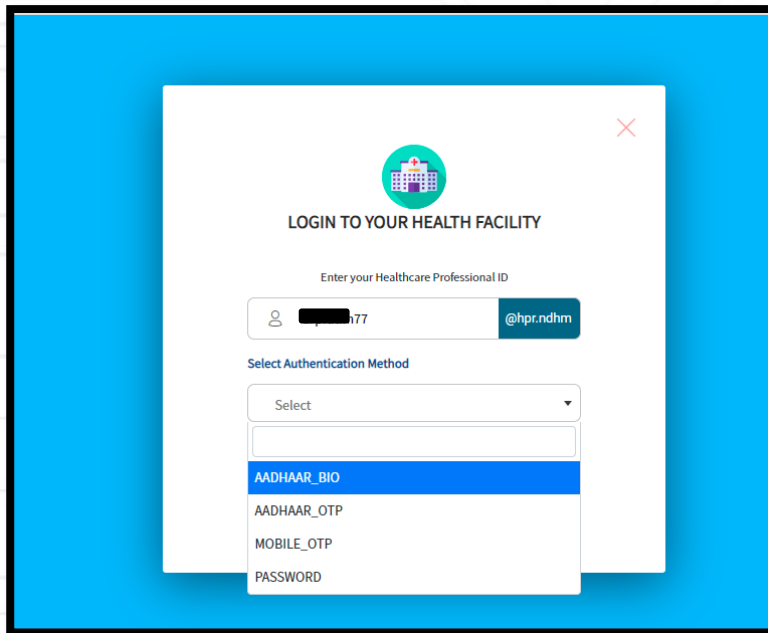
@hpr.ndhm

Verify Healthcare Professional ID Reset

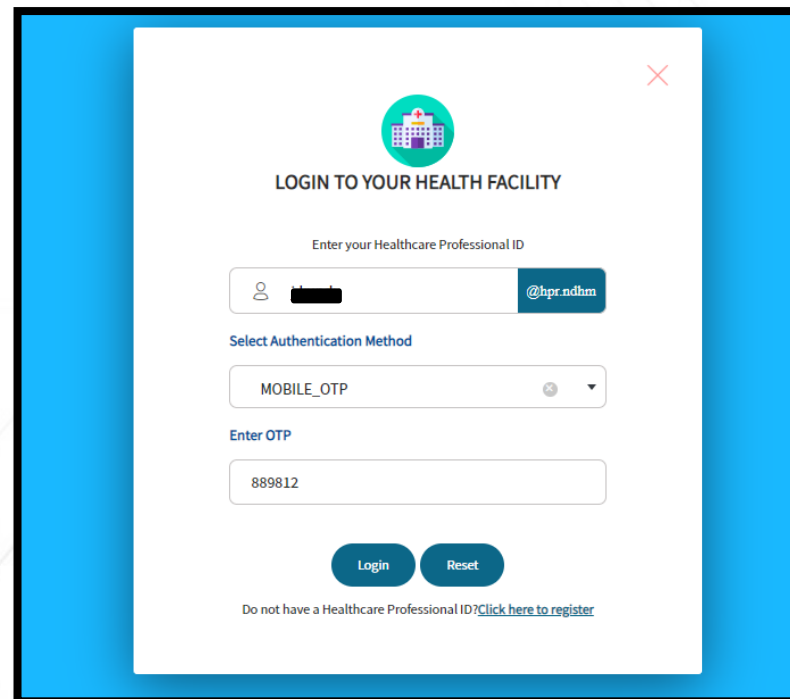
Do not have a Healthcare Professional ID? [Click here to register](#)

Login as a Facility Manager

1. User will enter the health ID
2. User will select authentication mode
3. User will enter OTP or password as per their authentication mode selection
4. User will press login button



The screenshot shows the 'LOGIN TO YOUR HEALTH FACILITY' interface. At the top, there is a red 'X' close button. Below the title is a circular icon of a hospital. The text 'Enter your Healthcare Professional ID' is followed by a text input field containing a masked ID '██████████77' and a blue '@hpr.ndhm' button. Below this is a 'Select Authentication Method' section with a dropdown menu. The dropdown is open, showing options: 'AADHAAR_BIO' (highlighted in blue), 'AADHAAR_OTP', 'MOBILE_OTP', and 'PASSWORD'. The dropdown menu has a 'Select' label and a downward arrow.



The screenshot shows the 'LOGIN TO YOUR HEALTH FACILITY' interface. At the top, there is a red 'X' close button. Below the title is a circular icon of a hospital. The text 'Enter your Healthcare Professional ID' is followed by a text input field containing a masked ID '██████████' and a blue '@hpr.ndhm' button. Below this is a 'Select Authentication Method' section with a dropdown menu set to 'MOBILE_OTP'. Below the dropdown is an 'Enter OTP' section with a text input field containing '889812'. At the bottom, there are two blue buttons: 'Login' and 'Reset'. Below the buttons is a link: 'Do not have a Healthcare Professional ID? [Click here to register](#)'.

Login as a Facility Manager

User will be redirected to the 'Search and Register' page

Search and Register

FACILITY OWNERSHIP

- Government Private Public-Private-Partnership
- Search using health facility's name Search using the ID of your health facility registered in AB-PMJAY, NIN etc.

Search

Reset

Search and Register Process

1. Post creation of a Healthcare Professional ID, the Search and Register page will open
2. Choose Facility Ownership Private
3. Select “Search using health facility’s name.” radio button.
4. Select “State or Union Territory” & select “District”.
5. Enter the Private name.
6. Click on “Search” button.

Search and Register

FACILITY OWNERSHIP

Government Private Public-Private-Partnership

Search using health facility's name Search using the ID of your health facility registered in AB-PMJAY, NIN etc.

Select Your State /Union Territory*

Select Your District*

Search and Register Process

1. Post search if the hospital name not found, User has to click on “Click to register” facility button.
2. A pop will arises for confirming the same. User will click on ‘ok’ button

Select Your State /Union Territory*
West Bengal

Select Your District*
Kolkata

Barisha Hospital

Search Reset

Did not find your facility in search results?

Click here to Register

Search and Register

FACILITY OWNERSHIP

Government Private Public

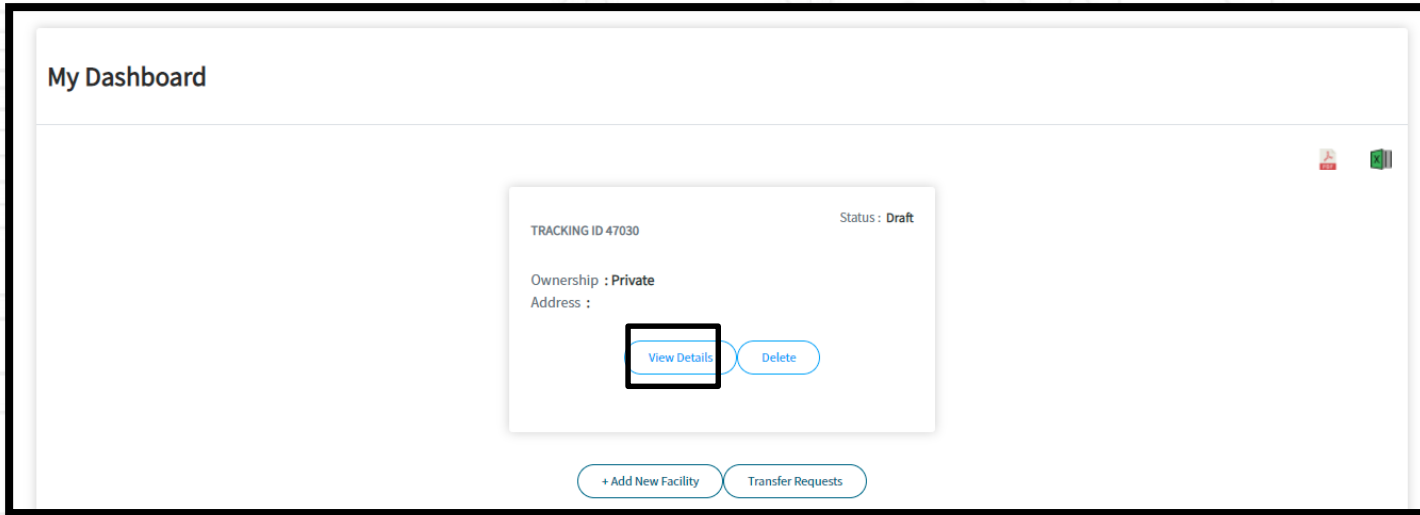
Search using health facility's name Search using the ID of your health facility registered in AB-PMJAY, NIN etc.

You are being redirected to sign-up as a new health facility

OK

Search and Register Process

1. Post facility registration confirmation, the page will be redirected to the 'My dashboard page'.
2. Click on "View Details" button which will be redirected to the facility registry page.



The screenshot shows a 'Detailed Facility Information' form. At the top, there is a 'PROGRESS' indicator with a green bar and '21%' completion. A red note says 'To ensure the form is 100% complete, please fill in the remaining optional information'. The form is titled 'Detailed Facility Information' and has a sub-section 'FACILITY MANAGER DETAILS (for official communications)'. The fields are:

- Salutation***: Radio buttons for Dr., Mr., Ms.
- Designation***: Text input field.
- Email***: Text input field with a 'Verify' button.
- First Name***: Text input field.
- Middle Name**: Text input field.
- Last Name**: Text input field with 'Banerjee' entered.
- Mobile Number***: Text input field with '+91' and a 'Verified' button.
- Landline Number**: Text input field with 'STD Code' and 'Landline Number' sub-fields.

At the bottom, there is a checkbox labeled 'Add an Alternate Facility Contact Person'.

Search and Register Process

1. Facility Manger basic details are fetched from their health ID (Name, Mobile number & email id) .
2. Facility Manger will verify their mobile number & email ID.
3. After successful authentication, facility manger will enter designation and other details and click on 'Save' button.

FACILITY MANAGER DETAILS (for official communications)

Salutation*

Dr. Mr. Ms.

Designation*

Assistant Superintendent

Email*

[Redacted]@mail.com **Verified**

Add an Alternate Facility Contact Person

First Name* [Redacted] **Middle Name** [Empty] **Last Name** Banerjee

Mobile Number* +91 [Redacted] **Verified**

Landline Number

STD Code [Empty] Landline Number [Empty]

Save

Search and Register Process

After filling the details of Facility Manager, you will need to check and update the profile of your health facility (if there is a change). Update Health Facility Details

- ❖ Facility Name*
- ❖ Country*
- ❖ State/UT Name*
- ❖ District Name*
- ❖ Sub district*
- ❖ Facility Region
- ❖ City/Town/Village
- ❖ Address Line 1
- ❖ Address Line 2
- ❖ Pin Code*
- ❖ Landline Number
- ❖ Mobile Number
- ❖ Facility Email ID
- ❖ Website

FACILITY DETAILS

Facility Name*	Country*
Barisha Hospital	India
State / UT*	District*
West Bengal	Kolkata
Sub-district	Facility Region
Select	Rural
Village / City / Town	Address line 1: Flat No/ Plot No/ Building Name*
Select	4A Test
Address line 2: Street/ Road/ Area/ Locality	Pin Code*
Chowrasta	700007

Filling of Registration Form

1. User will be redirected to the next page
2. User must submit geo location details
3. User has to upload **image of facility, name plate image of the facility** where facility name written

Landline Number(for public display)

STD Code Landline Number

Mobile Number(for public display)

+91

Verify

Facility Email(for public display)

Verify

Website(for public display)

Geographic Location* Please click on the blue pin on the right if you wish to update the coordinates.

22.590177805506528,88.40922948006823

Link for Book an Appointment(please enter url for any appointment booking)

UPLOADS

Facility Building Photograph*

Choose file Browse

Please upload a clear picture of the health facility building
Maximum size allowed for the attachment is 5MB

Facility Board Photograph*

Choose file Browse

Please upload a clear picture of the facility board or of the entrance displaying the facility name
Maximum size allowed for the attachment is 5MB

Address Proof Type*

Electricity Bill

Address Proof

Choose file Browse

Please note only pdf,jpeg,jpg,png file types are allowed
Maximum size allowed for the attachment is 5MB

Click Here

Updating Geographic Location

- Click on the blue map button, next to the latitude and longitude field, to enable
- editing of location
- Click on the magnifying lens to enable search You can either choose the current
- location, or enter the name of the location, nearest landmark or select from
- the results
- Click on Done to confirm and save the coordinates
- After filling the details of Facility Manager, you will need to check and update the profile of your health facility (if there is a change)
- **Upload a clear picture of Health Facility Building and Facility board.**

Filling of Registration Form

1. User has to upload either **land line bill, electric bill, water bill** or **facility title deed**
2. Post uploading of address proof facility user will press save button.

This screenshot shows the 'Address Proof Type' dropdown menu. The menu is open, displaying several options: 'CEA Registration Certificate' (highlighted in blue), 'Electricity Bill', 'Water Bill', 'Landline Bill', 'Rent Agreement', and 'Title Deed'. The 'Address Proof' section is partially visible on the right, showing a 'Choose file' button and a 'Browse' button. Below the file input, there is a note: 'Please note only pdf/jpeg/jpg/png file types are allowed' and 'Maximum size allowed for the attachment is 5MB'. A red 'Save' button is visible at the bottom right of the form.

This screenshot shows the 'Address Proof' upload section. The 'Address Proof Type' dropdown is now set to 'Electricity Bill'. The 'Address Proof' input field contains the text 'demo.pdf' and has a 'Browse' button to its right. Below the input field, the same note is present: 'Please note only pdf/jpeg/jpg/png file types are allowed' and 'Maximum size allowed for the attachment is 5MB'. A preview window titled 'Demo PDF document' is visible, showing a blank page. At the bottom left, there is a red button that says 'Add Additional Address Proof (maximum 3 documents allowed)'. A red 'Save' button is located at the bottom center of the form.

Filling of Registration Form

1. User has to upload either **land line bill, electric bill, water bill** or **facility title deed**
2. Post uploading of address proof facility user will press save button.

LINKED PROGRAM IDS	
NHRR ID	National Identification Number (NIN)
<input type="text"/>	<input type="text"/>
ROHINI ID (As allotted by IIB)	AB-PMJAY Hospital ID
<input type="text"/>	<input type="text"/>
CGHS Hospital ID	ECHS Hospital ID
<input type="text"/>	<input type="text"/>
e-Hospital ID	State HMIS ID
<input type="text"/>	<input type="text"/>
State Insurance Scheme Hospital ID	
<input type="text"/>	

Filling of Registration Form

User will update the Additional Facility Details such as Days of Operation, Shift timings etc.

LINKED PROGRAM IDS

NHRR ID

National Identification Number (NIN)

ROHINI ID (As allotted by IIS)

AB-PMJAY Hospital ID

CGHS Hospital ID

ECHS Hospital ID

ADDITIONAL FACILITY DETAILS

Please Note:

- Tick the 24hrs box if your facility opens all day.
- The timings can be either typed in 24hr format or selected from the dropdown.
- You can use the button to copy that particular day's timings to another day.
- The Green color means "Facility is open" on that day whereas, Red color means "Facility is closed" on that day.

Days of Operation

Day	24 Hrs	From	To	Shift 1	From	To	Shift 2 (if any)	From	To
MON	<input checked="" type="checkbox"/>	00:00	00:00		00:00	00:00			
TUE	<input checked="" type="checkbox"/>	00:00	00:00		00:00	00:00			
WED	<input checked="" type="checkbox"/>	00:00	00:00		00:00	00:00			
THU	<input checked="" type="checkbox"/>	00:00	00:00		00:00	00:00			
FRI	<input checked="" type="checkbox"/>	00:00	00:00		00:00	00:00			
SAT	<input checked="" type="checkbox"/>	00:00	00:00		00:00	00:00			
SUN	<input checked="" type="checkbox"/>	00:00	00:00		00:00	00:00			

Does this facility use a Hospital Management Information System (HMIS) / Electronic Medical Record (EMR) System?*

Yes No

Name of the Hospital Management Information System (HMIS) / Electronic Medical Record (EMR) System used*

Is internet connectivity available at the facility?*

Yes No

Does this facility have the following IT equipment?*

Computer(s) Laptop(s) Tablet(s) Smartphone(s)

Does this facility have power backup for IT equipment?*

Yes No

Facility Operational Status*

Year of Establishment:

About Us(to be displayed on website)

CONT..

Filling of Registration Form

User will fill up the below mentioned facility details and save the details accordingly

- ❖ Type of Service*
- ❖ Facility Ownership*
- ❖ Facility Ownership Subtype*
- ❖ Health Facility Profile
- ❖ System of Medicine
- ❖ Facility Type
- ❖ Hospital Linked to College

The screenshot displays a registration form titled "Detailed Facility Information" with a progress bar at 88%. A note indicates: "To ensure the form is 100% complete, please fill in the remaining optional information".

Type of Service*

OPD IPD Daycare

Facility Ownership* Private Public-Private-Partnership

Facility Ownership Subtype* Profit Not for profit

Not for profit

System of Medicine*

Modern Medicine (Allopathy) Dentistry Physiotherapy Ayurveda Unani Siddha Sowa-Rigpa Homeopathy

Facility Type*

Facility Sub Type*

Filling of Registration Form

Update Other Facilities provided by the Health Facility such as:

- ❖ Diagnostic Laboratory*
- ❖ Imaging Center*
- ❖ Pharmacy*
- ❖ Services such as X ray, MRI etc.
- ❖ Blood Bank*
- ❖ Cath lab*
- ❖ Dialysis Center*

The screenshot shows a web form titled "OTHER FACILITIES". It contains several sections with radio button options for availability:

- Does your facility have Diagnostic Laboratory? ***
 Yes, available for everyone Yes, available for in-patients only No
- Does your facility have Pharmacy? ***
 Yes, available for everyone Yes, available for in-patients only No
- Does your facility have Blood Bank? ***
 Yes, available for everyone Yes, available for in-patients only No
- Does your facility have Dialysis Center? ***
 Yes, available for everyone Yes, available for in-patients only No

There are also two sections for "Imaging Center? *" and "Cath Lab? *":

- Does your facility have Imaging Center? ***
 Yes, available for everyone Yes, available for in-patients only No
Services: X-Ray (selected), CT-Scan, MRI (Magnetic Resonance Imaging), Ultrasonography (USG), 1, Color Doppler
- Does your facility have Cath Lab? ***
 Yes, available for everyone Yes, available for in-patients only No

At the bottom of the form are three buttons: "Save and Previous", "Save as Draft", and "Save and Next". A blue callout box with a white background and a blue border points to the "Save and Next" button, containing the text "Click on Save and Next".

Filling of Registration Form

Next, User will fill the type of specialty services provided by the health facility

Detailed Facility Information

SPECIALITY

Modern Medicine(Allopathy)

<input checked="" type="checkbox"/> General Medicine	<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Paediatrics
<input type="checkbox"/> Neonatology	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Cath Lab	<input type="checkbox"/> Interventional cardiology
<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Rheumatology	<input type="checkbox"/> Anaesthesia	<input type="checkbox"/> Obstetrics & Gynaecology
<input type="checkbox"/> Orthopaedics	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> ENT	<input type="checkbox"/> Gastroenterology
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Urology
<input type="checkbox"/> Hepatology	<input type="checkbox"/> Neurology	<input type="checkbox"/> Neuroradiology	<input type="checkbox"/> Radiology
<input type="checkbox"/> Genetics	<input type="checkbox"/> Immunology	<input type="checkbox"/> Oncology	<input type="checkbox"/> Paediatric Cancer
<input type="checkbox"/> Pulmonology(Chest diseases and respiratory medicine)	<input type="checkbox"/> Dermatology and Venereology (Skin & VD) RTI/STI	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Cardiothoracic and vascular surgery
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Genitourinary Surgery	<input type="checkbox"/> Polytrauma	<input type="checkbox"/> Paediatric surgery
<input type="checkbox"/> Neurosurgery	<input type="checkbox"/> Burns, Plastic & reconstructive Surgery	<input type="checkbox"/> Medical/ Forensic Medicine	<input type="checkbox"/> Geriatrics
<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Aviation medicine	<input type="checkbox"/> Any other (specify)	

Filling of Registration Form

After all the form are submitted the page will be visible in the Submitted facilities section in dashboard (both HFR and Insights)

Detailed Facility Information

Facility ID alias*

DHIPondicherry [Copy alias](#)

This Facility ID alias is auto suggested, however you can change it at any time before submission. Once submitted the Facility ID alias cannot be changed.

I, _____, am the applicant of the above facility, and do hereby verify that the details as submitted on the portal pertaining to the above facility are true to my personal knowledge and nothing material has been concealed or falsely stated. I request you to kindly verify that the health facility as stated actually exists and give approval to that effect so that the facility can be 'validated for existence' on the portal.

I am aware that the facility ID and related information can be used and shared with the entities working in the National Digital Health Ecosystem (NDHE) which inter alia includes stakeholders and entities such as healthcare professionals (e.g. doctors), facilities (e.g. hospitals, laboratories) and data fiduciaries (e.g. health programmes), which are registered with or linked to the Ayushman Bharat Digital Mission (ABDM), and various processes there under. I reserve the right to revoke the given consent at any point of time, subject to applicable laws, rules and regulations.

[Previous](#) [Preview](#) [Submit](#)

Click on Submit Button

My Dashboard

Barisha Hospital Status: Submitted

FACILITY ID IN19100100260

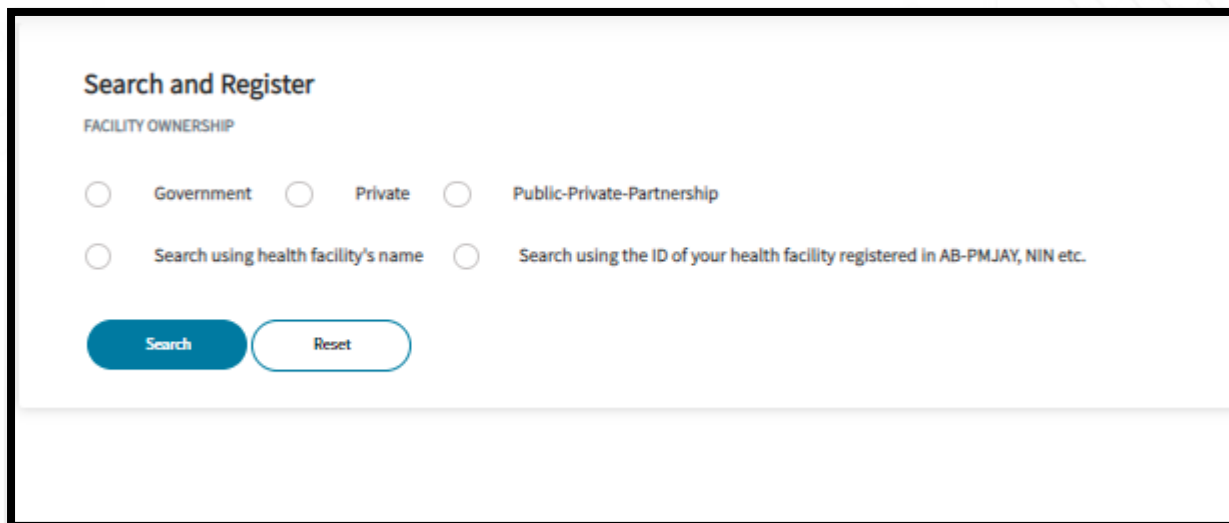
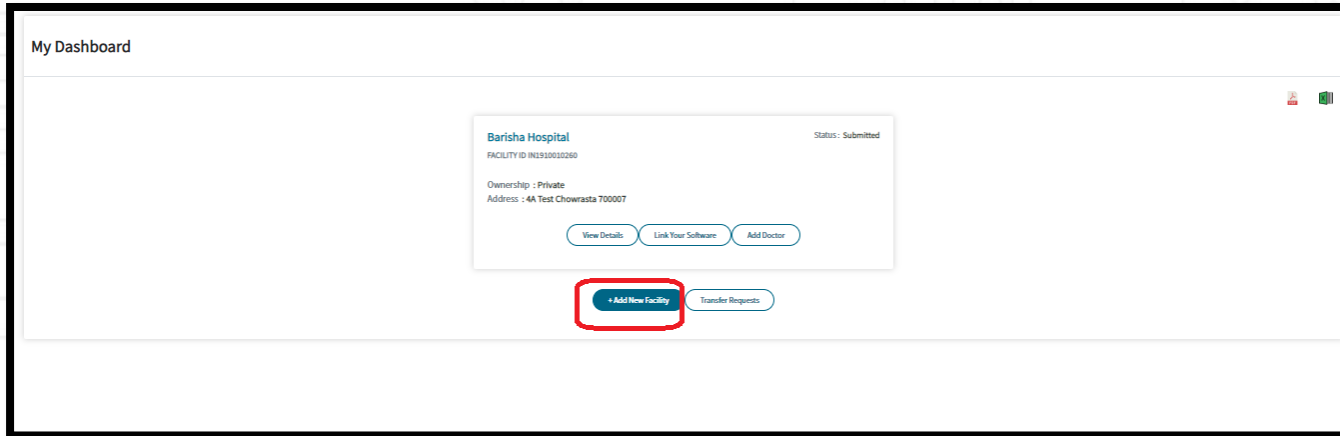
Ownership : Private
Address : 4A Test Chowasta 700007

[View Details](#) [Link Your Software](#) [Add Doctor](#)

[+ Add New Facility](#) [Transfer Requests](#)

Adding Another Facility

User will login with their facility login credential. User will redirect to the facility manger dashboard. User will click on 'Add new facility' which will redirect the to the search & register page. User will add facility via NIN ID.



District Verifier can verify the facility

Once this is done, respective District Verifier can verify the facility (and the Facility Manager KYC in case DL was used for registration)

Facility Manager Change

In case of change in Facility Manager, it can be transferred to another Facility Manager either from Facility Manager's dashboard or reassigned for govt. facilities by the DNO or SMD.

Thank You

