
User Manual

For

Citizen login

Registration of Medical Establishment

Developed For:

Medical Health and Family Welfare Department,
Uttar Pradesh

Version 1.0

Submitted By :



Designed & Developed By:



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1. About the Document

1.1 Overview

Citizen Login for Registration of Medical Establishment of health and family welfare Department, Uttar Pradesh is an online web application which is developed for Citizen. Purpose of development of this web application is to register user for medical establishment.

1.2 Scope of the Document

This document provides step by step guidance on how to use the Online Web based Software Application through Citizen Login.

1.3 Intended Audience

The Authorized User or Registered User (citizen of Uttar Pradesh) would be intended Audience for this Citizen Login of Medical Health and Family Welfare Department, Uttar Pradesh.

1.4 Document Convention

This User Manual has following conventions:

- a. Fields which have * sign at the end, indicates that it is mandatory.
- b. Error Messages are displayed in Pop-up box.
- c. Success Messages are mentioned in pop-up.
- d. All the menu links will be mentioned in the side menu.

1.5 System Requirements

To run this application there are some basic requirements as:

- a. Window's Machine
- b. Firefox 30 or above / Chrome 32 or above
- c. MS Office (2007 or Above)
- d. Internet Connectivity (256 Kbps or above)

2. About Registration of Medical Establishment

2.1 Introduction

Registration of Medical Establishment is a process of registration of citizen to utilize the other facilities of web application of Medical health and family welfare department, Uttar Pradesh. One citizen can register on this application for single time.

2.2 User/Applicant Type

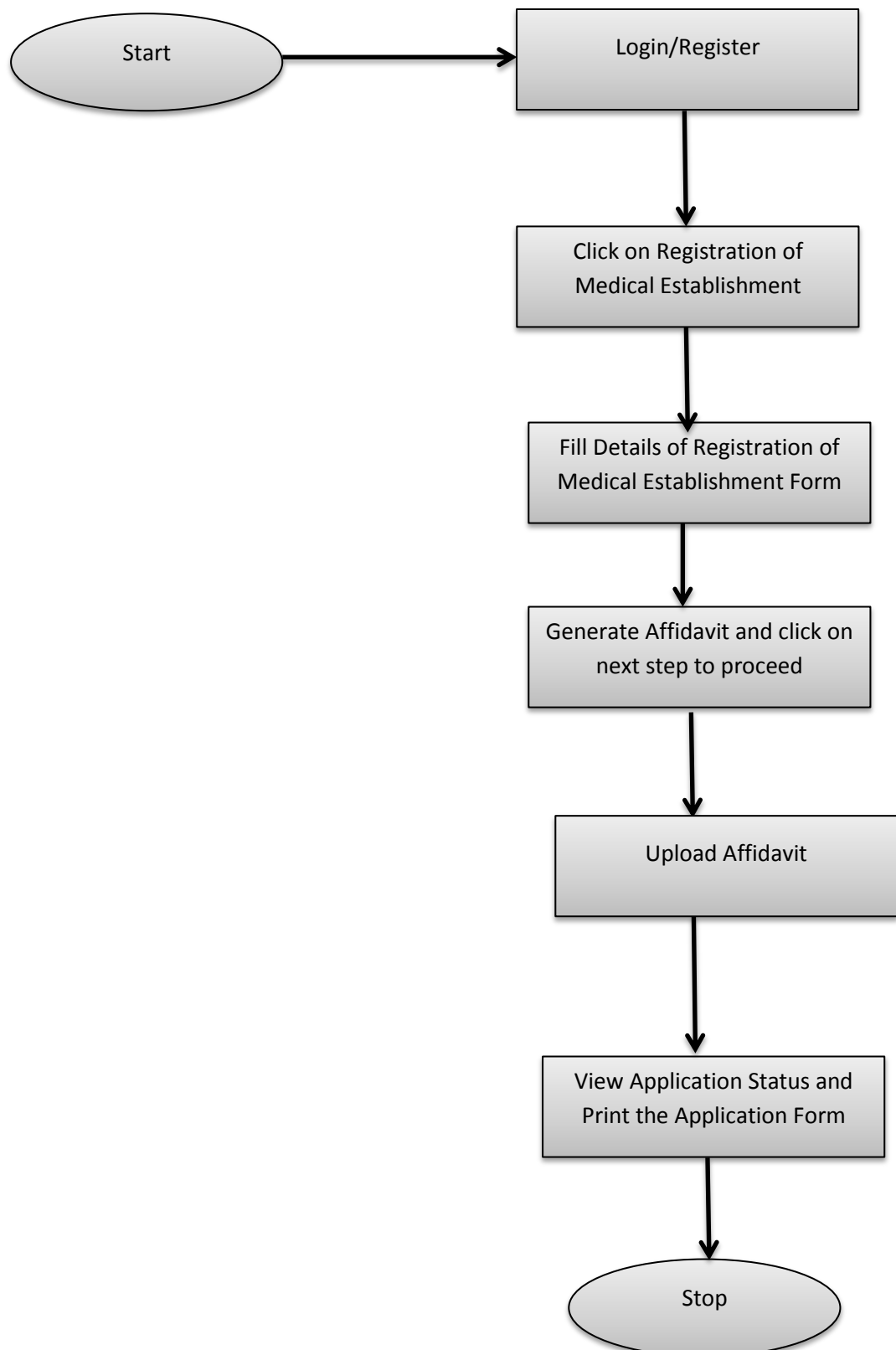
There are 2 types of Users/Applicants – Citizen, Concerned Department.

2.3 Terms & Conditions / Eligibility

- a) All such applications with required information shall be submitted for registration to the CMO of the district where the establishment is situated. CMO of the district will return one copy mentioning registration number along with seal and signature of the applicant.
- b) Any change or addition in the particulars submitted shall be notified within 30 days and that the registration shall be renewed every year before 30th April of the year.
- c) All those medical practitioners who desire to offer medical services in the state in future shall be required to submit the details in the aforesaid Proforma for registration with the Chief Medical Officer of the district before they want to start the medical practice/ establishment.
- d) All the medical establishments whether run privately or by firms, societies, trust, private limited, public limited companies in the state shall register themselves with the CMO of the district where these establishments are situated, giving full details of medical facilities they offer, the name of the registered and authorized medical personnel practicing, employed or engaged by them, their qualification with proof of their registrations. The paramedical staff employed or engaged and their qualification. The prescribed Proforma with true and accurate information shall be submitted, supported by an affidavit of the person providing such medical services or the person in charge of such establishment, sworn before notary public. The required information shall be submitted for registration by all these persons.
- e) All those persons who have not furnished the information and obtained registration with the CMO of the district, shall be taken to the practicing in an unauthorized way and that the CMO shall scrutinize and forthwith report the matter to the Superintendent/ Senior Superintendent of the Police of the district with information to the Hon'ble High Court to conduct raids and seal unauthorized premises/ establishments. All the authorized persons / establishments, who fail to obtain registration, will have liberty to apply only to the Hon'ble High Court to explain the delay and seek permission to continue with their medical practice/ profession.

3. Process Flow

Given below is the Process Flow Diagram of Citizen Login-Registration of Medical Establishment work for better understanding:



4. How to Apply

4.1 Accessing Portal

To access the portal, type the address in the address bar as: <http://up-health.in>. User will be redirected to the home page of the online application. Once user will click on 'Link (mentioned below in image)' it will be navigated to Login page.



Image: Home Page

4.2 Citizen Login Page (Registered User)

- Citizen Login Page will be displayed as shown below:

The screenshot shows the Citizen Login Page. On the left, a blue sidebar contains instructions in Hindi: 'पंजीकृत नागरिकों के लिए लॉगिन निर्देश' (Login instructions for registered citizens). It lists steps: enter Registered Mobile No., Password, and CAPTCHA, then click Login. A note mentions a 'For New Registration' link. The main area is yellow and contains the login form with fields for Registered Mobile Number, Password, and CAPTCHA. A red 'Login' button is highlighted by a callout box. Below the button are links for 'Forgot Password?' and 'For New Registration'.

Image: Citizen Login

- Enter Registered Mobile Number, Password and Captcha then click on Login button.

4.3 New Registration Link (New User)

- Click on the For New Registration link as shown below to proceed for New User Registration as shown below:

This screenshot is identical to the one above, showing the Citizen Login Page. A callout box points to the 'For New Registration' link located below the 'Login' button.

Image: New Registration

4.4 Citizen Registration form

- Citizen Registration page will be displayed as shown below:

नागरिक पंजीकरण हेतु निर्देश :-

"Register" बटन पर क्लिक करने से पहले नीचे दिए गए निर्देशों को अच्छी तरह से पढ़ें:

- > दिए गए फॉर्म में मूल जानकारी (जैसे कि Full Name, Father's Name, Date of Birth, Category, Mobile Number आदि) भरकर "Register" बटन पर क्लिक करें।
- > "Register" बटन पर क्लिक करने के बाद एक ओटीपी पंजीकृत मोबाइल नंबर पर भेजा जाएगा।
- > निर्दिष्ट फ्रील्ड में ओटीपी कोड दर्ज करें और "Verify" बटन पर क्लिक करें।
- > ओटीपी सत्यापित होने के बाद, आपको "Login" पृष्ठ पर पुनः निर्देशित किया जाएगा।

Citizen Registration

Full Name *

Father's Name *

Date Of Birth *

Category *

Gender *

Mobile Number *

Email Address

Password *

Confirm Password *

Register

Fill the details correctly and click on **Register** button to register as a new user.

Image: New Registration Link

- Fill all the details and Click on **Register** button to register as a new citizen.

4.5 Mobile Verification form

- After registration mobile verification page will be displayed:

Department of Medical Health and Family Welfare
Government of Uttar Pradesh

नागरिक पंजीकरण हेतु निर्देश :-

"Register" बटन पर क्लिक करने से पहले नीचे दिए गए निर्देशों को अच्छी तरह से पढ़ें:

- > दिए गए फॉर्म में मूल जानकारी (जैसे कि Full Name, Father's Name, Date of Birth, Category, Mobile Number आदि) भरकर "Register" बटन पर क्लिक करें।
- > "Register" बटन पर क्लिक करने के बाद एक ओटीपी पंजीकृत मोबाइल नंबर पर भेजा जाएगा।
- > निर्दिष्ट फ्रील्ड में ओटीपी कोड दर्ज करें और "Verify" बटन पर क्लिक करें।
- > ओटीपी सत्यापित होने के बाद, आपको "Login" पृष्ठ पर पुनः निर्देशित किया जाएगा।

Mobile Verification

Name

Mobile Number

OTP

Verify

Resend OTP

Back to Login

Enter OTP and click on verify button. Click on resend OTP to receive OTP again.

Image: Mobile Verification

- OTP will be sent to the registered mobile number of user.
- Enter the OTP and click on **Verify** button.
- If OTP has not received then click on **Resend OTP** button.

Note: After Successful OTP verification, user will have to login as described in point 4.2.

4.6 Dashboard

- After login user will be landed on Dashboard.
- Dashboard will be displayed as below :

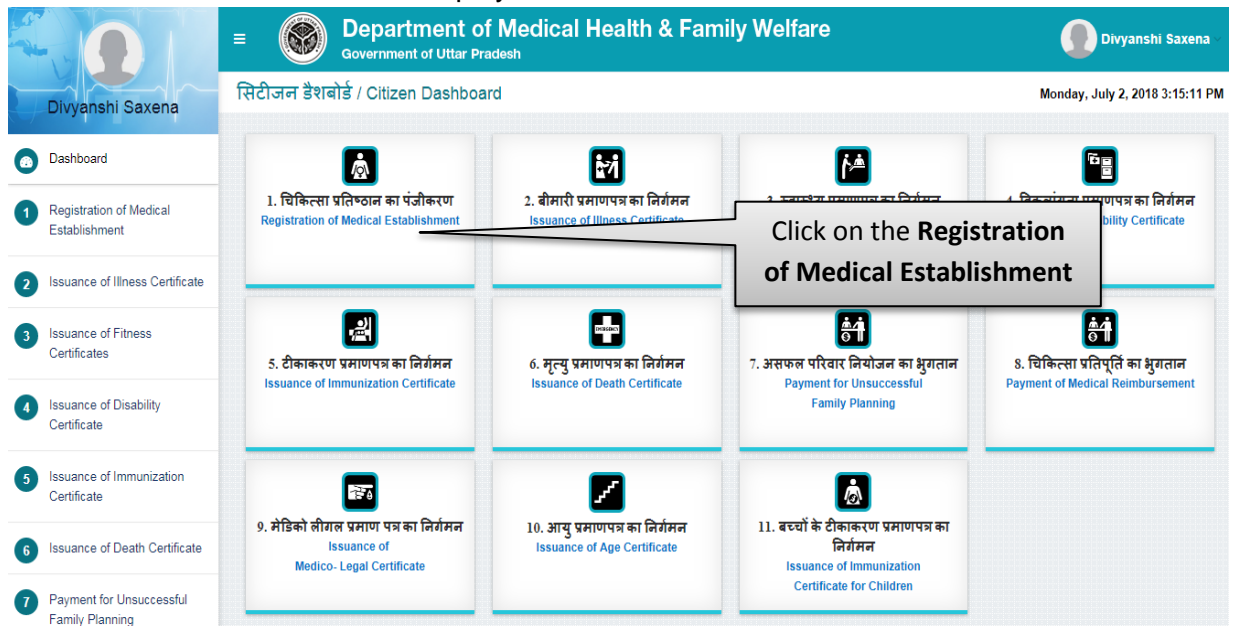


Image: Dashboard

- Click on the Registration of Medical Establishment to check the process.
- Instructions to fill application form Page will be displayed as below :

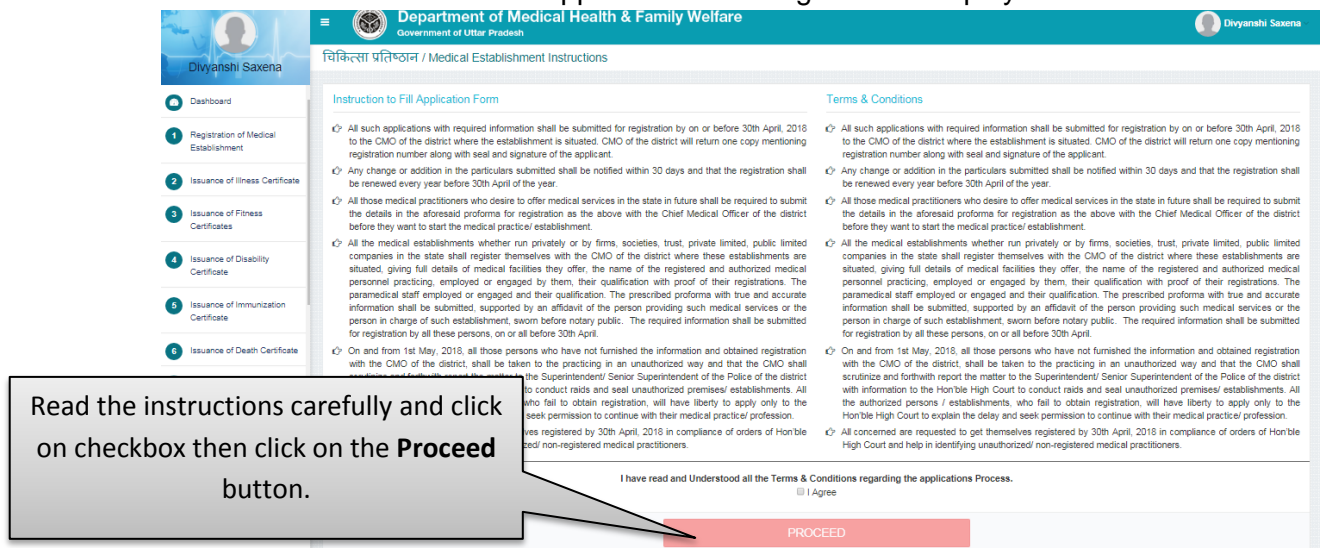


Image: Instructions to Fill Application Form

a. Application Form for Registration of Medical Establishment

- Application Form for Registration of Medical Establishment Certificate page will be displayed below:

- Dashboard
- 1 Registration of Medical Establishment
- 2 Issuance of Illness Certificate
- 3 Issuance of Fitness Certificates
- 4 Issuance of Disability Certificate
- 5 Issuance of Immunization Certificate
- 6 Issuance of Death Certificate

Department of Medical Health & Family Welfare
Government of Uttar Pradesh

Application form for Registration of Medical Establishment

Note :- All files that will be uploaded should be in .jpg and .pdf format and maximum file size should be 2080 KB (2 MB).

DETAILS OF ESTABLISHMENT

Establishment Name*

Category *
--Select--

Sector *
☐ Government/Public Sector ☐ Private Sector

ADDRESS OF MEDICAL ESTABLISHMENT

Telephone No. / Mob. No.
With STD Code

Website
Website

Address *
Address

MEDICAL FACILITIES

Details of Medical Facilities Offered: * (Use , in case of multiple services)

DETAILS OF OWNER

Name *

Mobile *

Email Id *

Address *

State
Uttar Pradesh

District *
--Select--

Pin Code *

☐ Check in case Owner & Person in charge are same.

DETAILS OF PERSON IN CHARGE

Name *

Mobile No *

Email Id *

Relevant Qualification *

Institution *

Name Of Central/State Council *

Registration Number(MCI/SMF) *

Address *

State *
Uttar Pradesh

District *
--Select--

Pincode *

Upload UPMCI/SMF Certificate *

DETAILS OF PARAMEDICAL STAFF

S.No.	Name	Relevant Qualification	Institution	Registration No. of MCI/SMF	Name of MCI/SMF	Attach Qualification Document	Remove
1						<input type="button" value="Upload"/>	<input type="button" value="Remove"/>

OTHER DETAILS

Type of Facilities offered: *: ☐ Inpatient ☐ Outpatient ☐ Laboratory ☐ Imaging ☐ Any Other

Have you Obtained NOC from Pollution control Board for Disposal of Medical Waste? * ☐ Yes ☐ No

Have you Installed Firefighting System in the Establishment * ☐ Yes ☐ No

Fill the details and click on **Save** button.

Image: Registration of Medical Establishment

- Fill all the details in Application Form then click on **Save** button.

b. Preview Application Form

- Preview Application Form page will be displayed below:

Preview Application Form

Details of Establishment

Name	:	DIVYANSHI SAXENA
Category	:	Nursing Home
Sector	:	Private Sector
Type	:	Individual Proprietorship

Address of Medical Establishment

Telephone No./ Mob. No.	:	730982544
Website	:	
Address	:	12sdsdakdda kljsajksaj
State	:	Uttar Pradesh
District	:	Lucknow
Pin code	:	226001
Address Proof	:	

SUBMIT **EDIT**

Image: Preview Application form

- Check the details and click on Submit button to proceed.
- Click on Edit button if there is any correction in the application form.

c. Registration Confirmation

- Registration Confirmation Page will be displayed as below :

Registration Confirmation

Department of Medical Health & Family Welfare
Government of Uttar Pradesh

Divyanshi Saxena

Registration Confirmation

Dashboard

1 Registration of Medical Establishment

2 Issuance of Illness Certificate

3 Issuance of Fitness Certificates

4 Issuance of Disability Certificate

5 Issuance of Immunization Certificate

6 Issuance of Death Certificate

7 Payment for Unsuccessful

GENERATE AFFIDAVIT **NEXT STEP**

Your application for Registration of Medical Establishments has been saved successfully.
Your Application Number is **MEE0000010** use this application number for future references.
Read the below instructions for further Process.

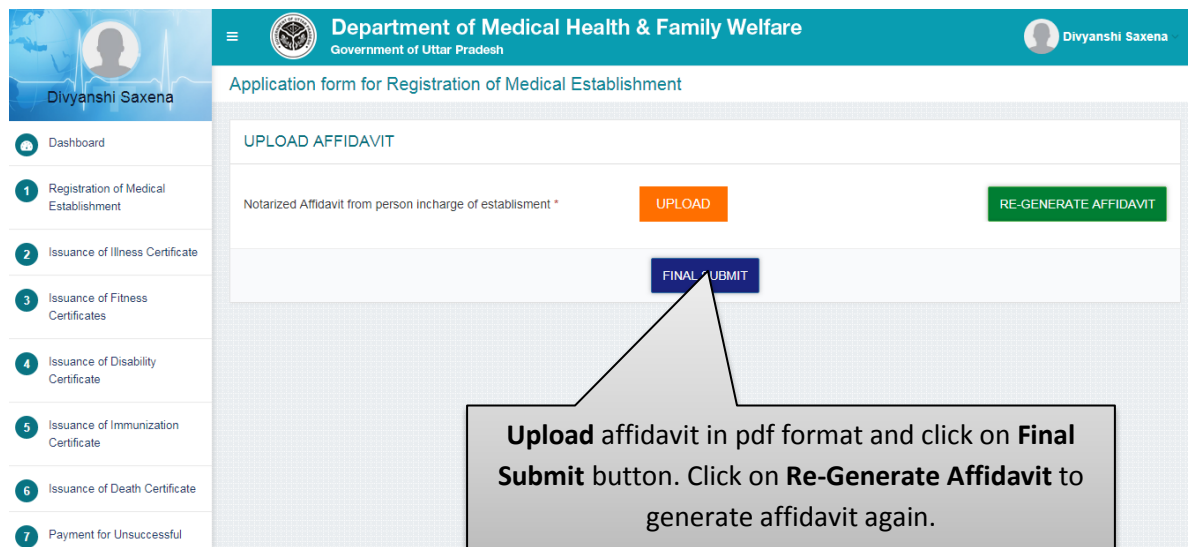
Click on **Generate Affidavit** button to generate affidavit and click on **Next Step** button to proceed.

Image: Registration Confirmation

- Click on Generate Affidavit button to generate affidavit.
- Click on Next Step button to proceed.

d. Upload Affidavit

- Upload Affidavit Page will be displayed as below :



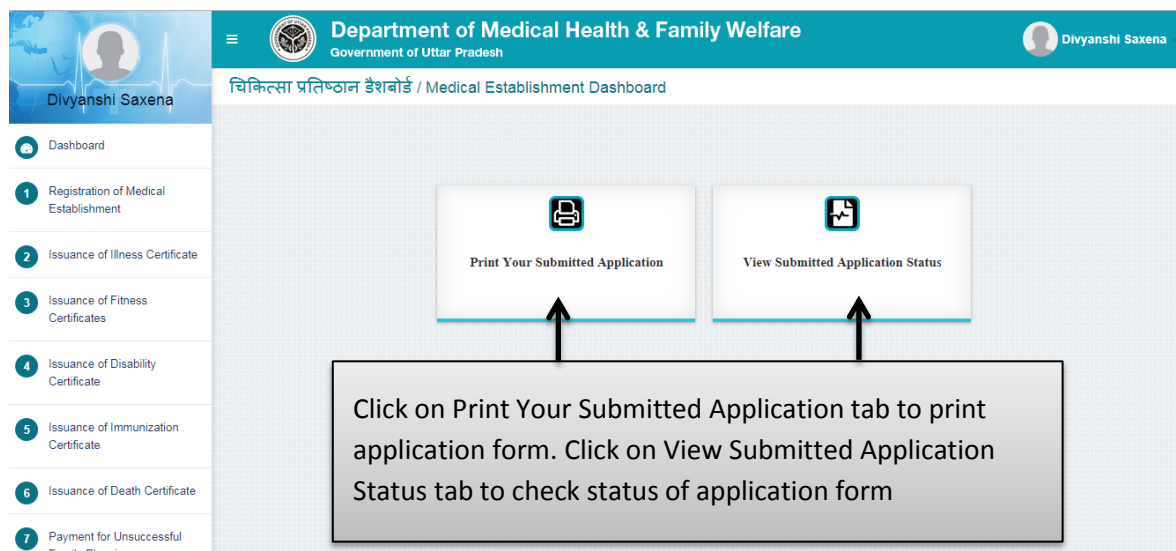
The screenshot shows the 'Upload Affidavit' page. The header includes the Department of Medical Health & Family Welfare logo and the user's name, Divyanshi Saxena. The sidebar lists various services, with 'Registration of Medical Establishment' selected. The main content area has a section titled 'UPLOAD AFFIDAVIT' with a text input field for a 'Notarized Affidavit from person incharge of establishment *'. There are three buttons: 'UPLOAD' (orange), 'RE-GENERATE AFFIDAVIT' (green), and 'FINAL SUBMIT' (blue). A callout box points to the 'FINAL SUBMIT' button and contains the text: 'Upload affidavit in pdf format and click on Final Submit button. Click on Re-Generate Affidavit to generate affidavit again.'

Image: Upload affidavit

- Click on Upload button to upload affidavit in pdf format.
- Click on Re-Generate Affidavit button to generate affidavit again.
- Click on Final submit button to proceed.

e. Print Submitted Application Form / View Submitted Application Status

- After registration confirmation Print your submitted application and view submitted application status page will be displayed as below :



The screenshot shows the 'Medical Establishment Dashboard'. The header includes the Department of Medical Health & Family Welfare logo and the user's name, Divyanshi Saxena. The sidebar lists various services, with 'Registration of Medical Establishment' selected. The main content area has a section titled 'चिकित्सा प्रतिष्ठान डैशबोर्ड / Medical Establishment Dashboard'. There are two buttons: 'Print Your Submitted Application' (with a printer icon) and 'View Submitted Application Status' (with a document icon). A callout box points to these buttons and contains the text: 'Click on Print Your Submitted Application tab to print application form. Click on View Submitted Application Status tab to check status of application form.'

Image: New Application Registration Form/status of submitted application

- Click on Print Your Submitted Application tab to print application form.
- Click on View Submitted Application Status tab to check status of application form.

f. View application status/List of Submitted Application

View Application Status from list of submitted application, page will be displayed as shown below:

The screenshot displays the 'List of Submitted Application' page. The header includes the Department of Medical Health & Family Welfare logo and the user's name, Divyanshi Saxena. A sidebar on the left lists navigation options: Dashboard, Registration of Medical Establishment, Issuance of Illness Certificate, Issuance of Fitness Certificates, Issuance of Disability Certificate, and Issuance of Immunization. The main content area shows a table with the following data:

S No.	Application No.	Establishment Name	Application Date	Current Status	Affidavit	Download Certificate
1	MEE0000013	DIVYANSHI SAXENA	05/07/2018	Inspection Report Rejected		

A callout box with the text 'Check the status of application form.' points to the 'Current Status' column.

Image: List of Submitted Application

- Click on Current status tab to check the application form status.