

***USER MANUAL FOR
HOSPITAL EMPANELMENT MODULE
AB-NHPM, NHA
Version 1***

Release Date: 06-July-2018

स्वस्थ्य आपका, साथ हमारा

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EMPANELMENT APPLICATION FOR AYUSHMAN BHARAT NATIONAL HEALTH PROTECTION MISSION

I. Overview of Hospital Empanelment

Hospital Empanelment is one of the core modules of Ayushman Bharat - National Health Protection Mission (AB-NHPM) IT solution. Any health care provider or hospital which is interested for empanelment under AB-NHPM can express their interest by filling the online empanelment application form for AB-NHPM. The Hospital Empanelment module comprises of the application form which is a detailed repository of hospital information with details such as Infrastructure, Equipment and Expertise captured and verified through a defined process. This module will help authorities to understand the capacity of a hospital in terms of specialties catered and capacity. The module captures comprehensive details about the hospital such as hospital information (including ownership), infrastructure details, equipment expertise, specialties catered, staff details and so on, which helps to ascertain the eligibility of the hospital and the same shall be verified during field inspection.

The purpose of this document is to outline the steps for Hospital User for Hospital Empanelment module of under AB-NHPM. This document provides detailed information on how the hospital can apply and track their application for empanelment under AB-NHPM.

Note: a. Hospitals fulfilling the empanelment criteria shall apply online (check criteria at <https://hospitals.abnhpm.gov.in/>). No other form of application will be accepted.

- b. The hospital authorities read the instructions and guidelines carefully.
- c. The hospital has to click on “Empanel your Hospital” for New Hospital Registration.
- d. The online Empanelment module consists of various functionalities as mentioned below.

This Module is divided into 3 sections

- 1. Hospital Empanelment Application form**
- 2. Check Eligibility criteria**
- 3. Work-flow for Hospital Empanelment**

2. HOSPITAL EMPANELMENT APPLICATION FORM

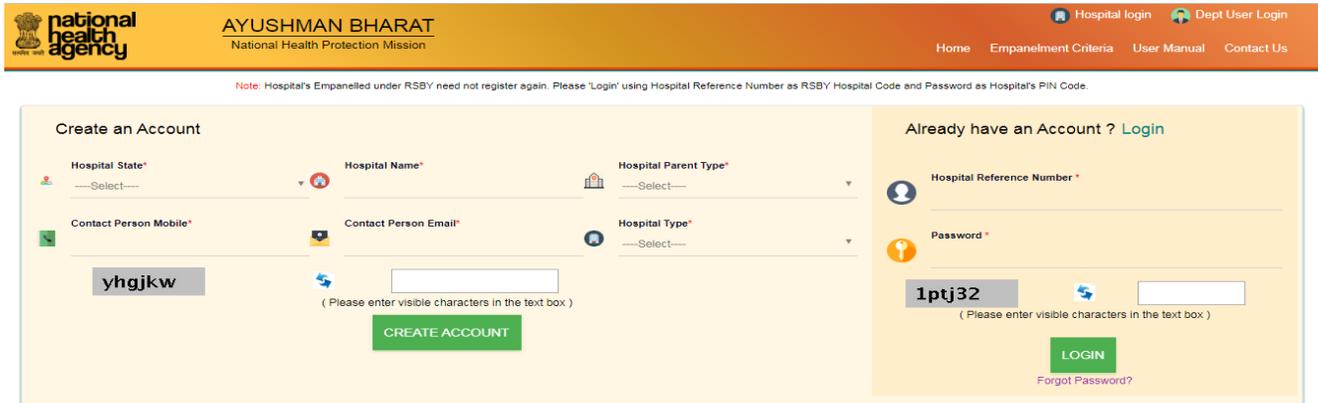
This section comprises of the online application form for empanelment of hospitals and online submission of requisite hospital information.

Hospital empanelment application form is divided into 9 sections which are:

- ✦ Hospital Basic Information
- ✦ Financial Details
- ✦ Licenses and Certification
- ✦ Specialties Offered
- ✦ Civil Infrastructure
- ✦ Medical Infrastructure
- ✦ General Services
- ✦ Man Power Details
- ✦ Attachments

Step1: Go To <https://hospitals.abnhpm.gov.in> address bar of the browser.

View of **AYUSHMAN BHARAT** National Health Protection Mission Home page as shown in Screen shot I.



national health agency AYUSHMAN BHARAT National Health Protection Mission

Hospital login Dept User Login

Home Empanelment Criteria User Manual Contact Us

Note: Hospital's Empanelled under RSBY need not register again. Please 'Login' using Hospital Reference Number as RSBY Hospital Code and Password as Hospital's PIN Code.

Create an Account

Hospital State* ---Select---

Hospital Name*

Hospital Parent Type* ---Select---

Contact Person Mobile*

Contact Person Email*

Hospital Type* ---Select---

yhgjkw

(Please enter visible characters in the text box)

CREATE ACCOUNT

Already have an Account ? Login

Hospital Reference Number *

Password *

1ptj32

(Please enter visible characters in the text box)

LOGIN

[Forgot Password?](#)

Screen shot 1

1.1 If we click on Home link it will redirect to Home page screen.

1.2 If we click on Empanelment Criteria link it will redirect to Empanelment Criteria screen.

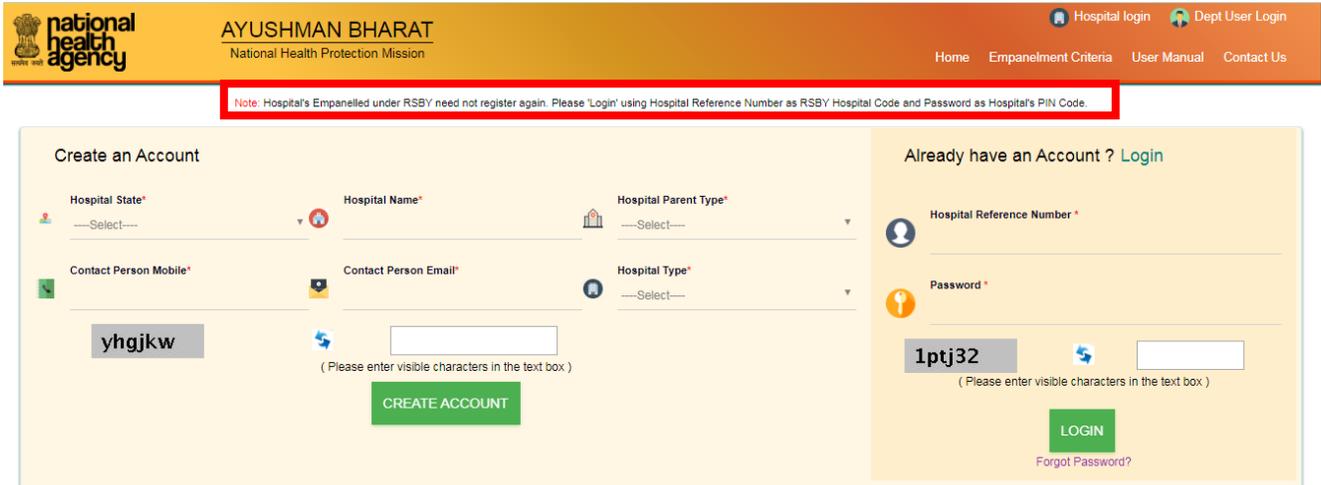
1.3 To Download Empanelment User Manual, please click on User Manual link.

Step 2: In case a hospital is an already active hospital under RSBY, it need not “Create An Account” as in Step 3.

2.1 Hospitals Empaneled under RSBY may 'Login' using Hospital Reference Number as RSBY Hospital Code as printed on their MHC and Password as Hospital's PIN Code

2.2 Certain information related to their Hospital information under RSBY is already captured in the AB-NHPM system and such a hospital would need to provide only missing information and com.

2.3 For filling in the missing information, the RSBY hospital would need to follow the steps mentioned in this User Manual.



The screenshot displays the user interface for the Hospital Empanelment Module. At the top, there is a navigation bar with the National Health Agency logo on the left, the text "AYUSHMAN BHARAT National Health Protection Mission" in the center, and links for "Hospital login", "Dept User Login", "Home", "Empanelment Criteria", "User Manual", and "Contact Us" on the right. A red-bordered note states: "Note: Hospital's Empaneled under RSBY need not register again. Please 'Login' using Hospital Reference Number as RSBY Hospital Code and Password as Hospital's PIN Code." Below the note, there are two main sections: "Create an Account" and "Already have an Account ? Login". The "Create an Account" section includes fields for "Hospital State*", "Hospital Name*", "Hospital Parent Type*", "Contact Person Mobile*", "Contact Person Email*", and "Hospital Type*". The "Contact Person Mobile" field contains the text "yhgjkw". The "Contact Person Email" field has a placeholder "(Please enter visible characters in the text box)". A green "CREATE ACCOUNT" button is at the bottom. The "Already have an Account ? Login" section includes fields for "Hospital Reference Number *" and "Password *". The "Hospital Reference Number" field contains "1ptj32". The "Password" field has a placeholder "(Please enter visible characters in the text box)". A green "LOGIN" button is at the bottom, with a "Forgot Password?" link below it.

Screen shot 2

Step 3: Now fill all the mandatory details for creation of an account and Click on “**CREATE ACCOUNT**” button (as shown in screenshot 3)



Create an Account

Hospital State* Hospital Name* Hospital Parent Type*

Contact Person Mobile* Contact Person Email* Hospital Type*

Hospital PAN* Do you have a ROHINI ID?*

(Please enter visible characters in the text box)

CREATE ACCOUNT Click Here

Already have an Account ? Login

Hospital Reference Number *

Password *

(Please enter visible characters in the text box)

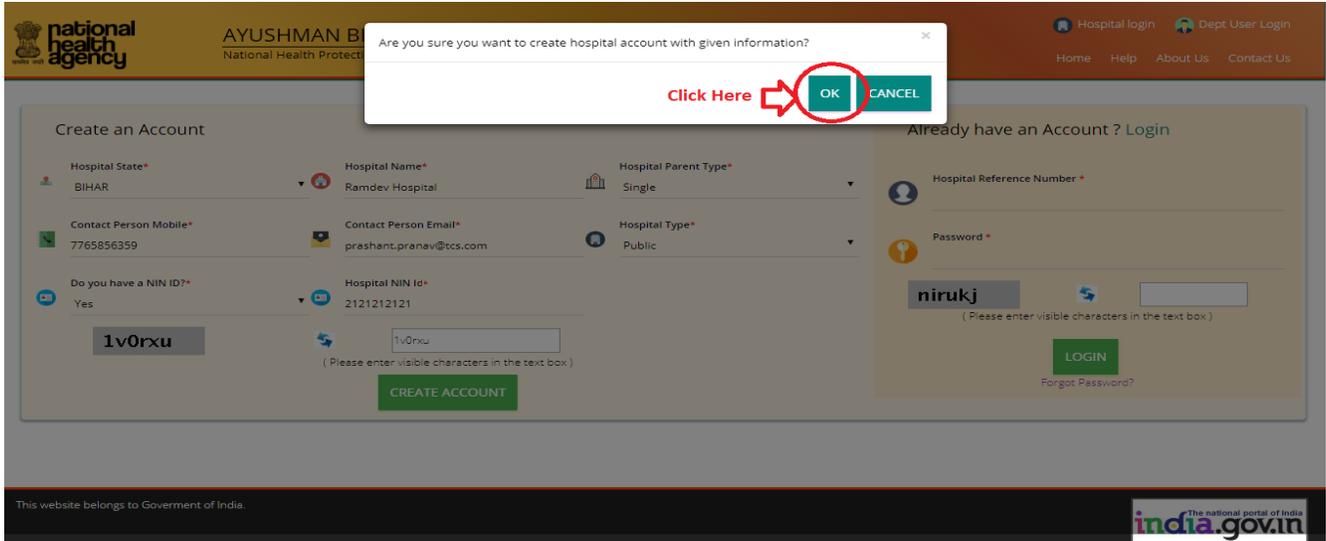
LOGIN [Forgot Password?](#)

Screen shot 3

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Hospital Empanelment Module - User Manual

Step 4: After clicking on “Create Account” button an alert will be displayed, click on “OK” button to proceed further (as shown in screenshot 4).



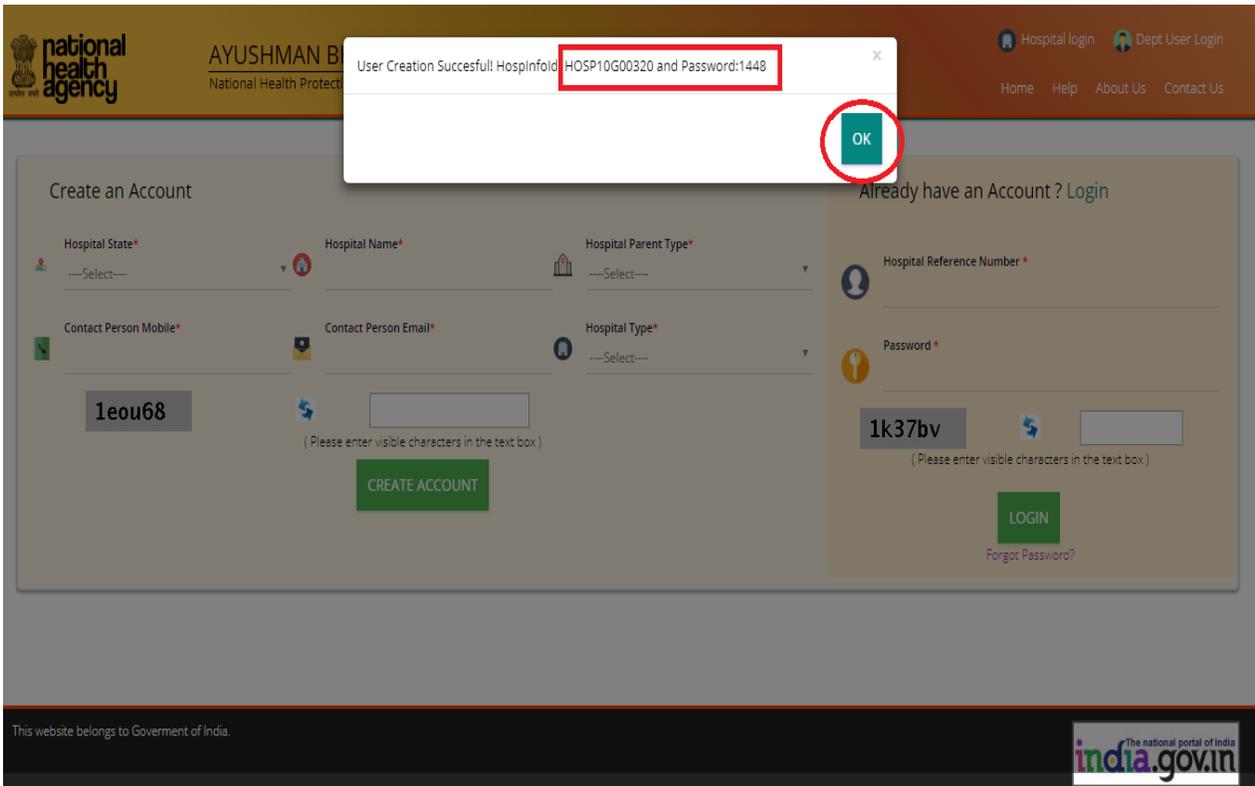
Screen shot 4

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Hospital Empanelment Module - User Manual

Step 5: After Clicking on “OK” now one more alert will be displayed with Generated Hospital Id and Password. Again we need to click on “Ok” button to proceed further (as shown in screenshot 5).

NOTE: You should note down Hospital Id and Password to proceed further.



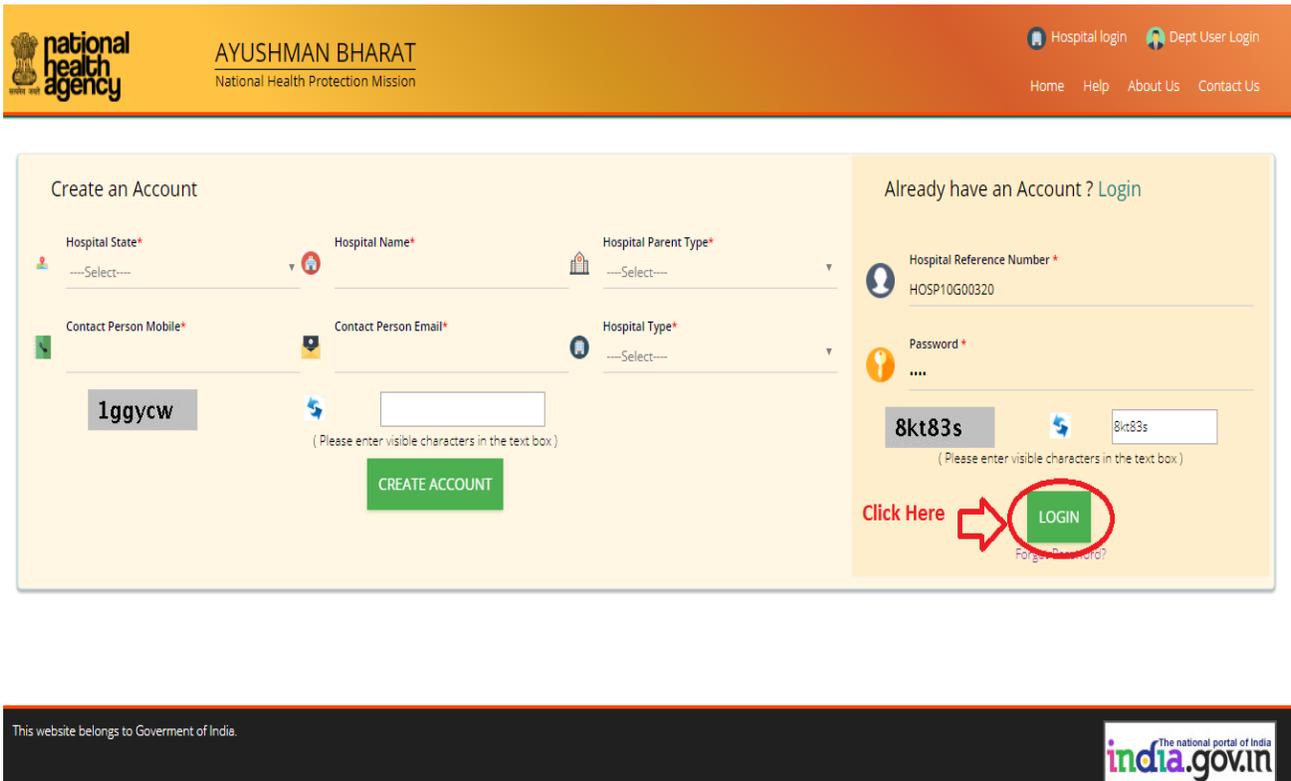
The screenshot displays the 'Create an Account' form on the National Health Agency website. A modal alert box is overlaid on the form, displaying the message: 'User Creation Successful! Hospinfold: HOSP10G00320 and Password:1448'. The 'OK' button on the alert is circled in red. The form fields include: Hospital State (dropdown), Hospital Name (text), Hospital Parent Type (dropdown), Contact Person Mobile (text, value: 1eou68), Contact Person Email (text), Hospital Type (dropdown), Hospital Reference Number (text, value: 1k37bv), and Password (text). A 'CREATE ACCOUNT' button is visible at the bottom of the form. The footer of the page contains the text 'This website belongs to Government of India.' and the 'india.gov.in' logo.

Screen Shot 5

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Hospital Empanelment Module - User Manual

Step 6: Now provide Hospital Id (received earlier) as Hospital Reference Number, Password (received earlier) as Password, Captcha and click on “login” Button. All field are mandatory here (as shown in screenshot 6).



The screenshot shows the login interface for the Hospital Empanelment Module. The header includes the National Health Agency logo and the Ayushman Bharat National Health Protection Mission logo. The page is divided into two main sections: "Create an Account" and "Already have an Account? Login".

Create an Account:

- Hospital State* (Dropdown menu)
- Hospital Name* (Text input)
- Hospital Parent Type* (Dropdown menu)
- Contact Person Mobile* (Text input)
- Contact Person Email* (Text input)
- Hospital Type* (Dropdown menu)
- Captcha: 1ggycw
- CREATE ACCOUNT button

Already have an Account? Login:

- Hospital Reference Number* (Text input: HOSP10G00320)
- Password* (Text input: 8kt83s)
- Captcha: 8kt83s
- LOGIN button (highlighted with a red circle and a red arrow pointing to it with the text "Click Here")
- Forgot Password? link

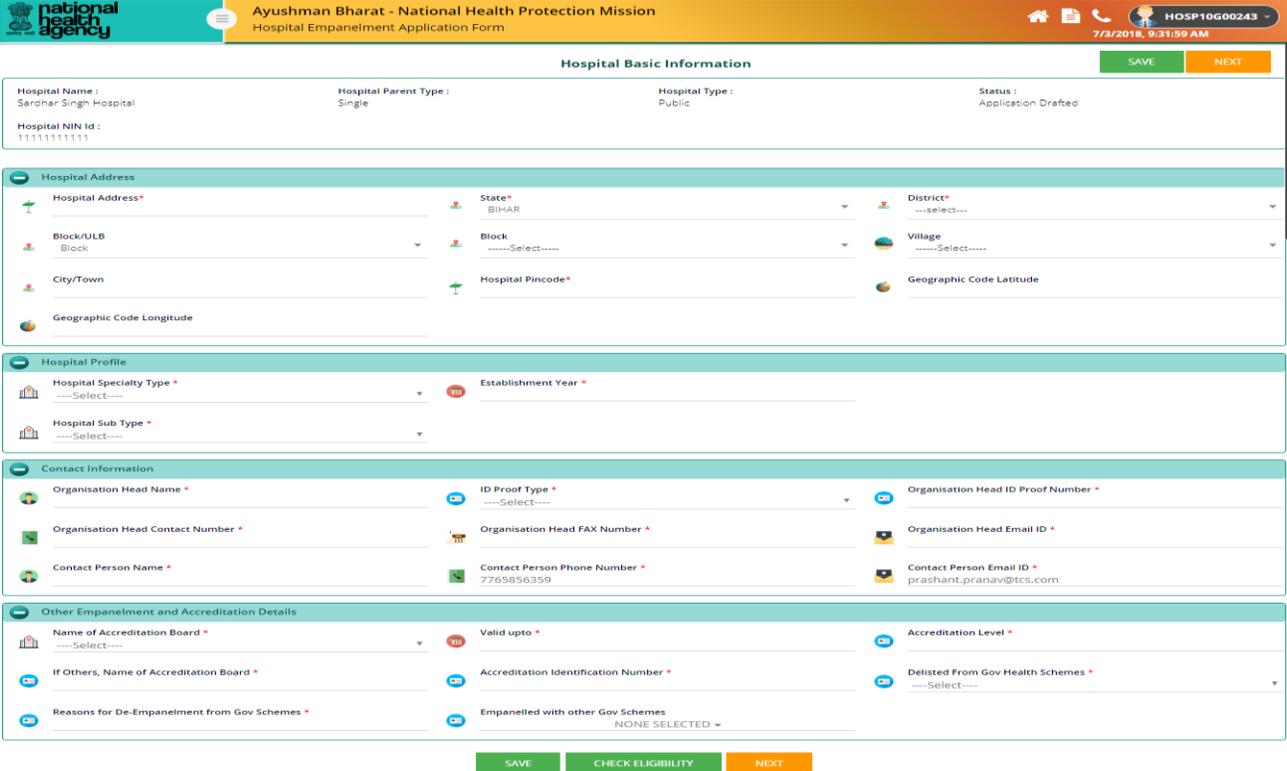
The footer contains the text "This website belongs to Government of India." and the India.gov.in logo.

Screen shot 6

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Hospital Empanelment Module - User Manual

Step 7: Hospital **Basic Information Tab**- Now fill all the mandatory details in this section (as shown in screenshot 7).



Ayushman Bharat - National Health Protection Mission
Hospital Empanelment Application Form

Hospital Basic Information [SAVE] [NEXT]

Hospital Name : Sardhar Singh Hospital
Hospital Parent Type : Single
Hospital Type : Public
Status : Application Drafted
Hospital NIN Id : 11111111111

Hospital Address

Hospital Address*
State* BIHAR
District* ---select---

Block/U/LB Block
Block ---Select---

City/Town
Hospital Pincode*
Village ---Select---

Geographic Code Longitude
Geographic Code Latitude

Hospital Profile

Hospital Specialty Type* ---Select---
Establishment Year*
Hospital Sub Type* ---Select---

Contact Information

Organisation Head Name* ID Proof Type* ---Select--- Organisation Head ID Proof Number*
Organisation Head Contact Number* Organisation Head FAX Number* Organisation Head Email ID*
Contact Person Name* Contact Person Phone Number* 7765856359 Contact Person Email ID* prashant.pranav@tcs.com

Other Empanelment and Accreditation Details

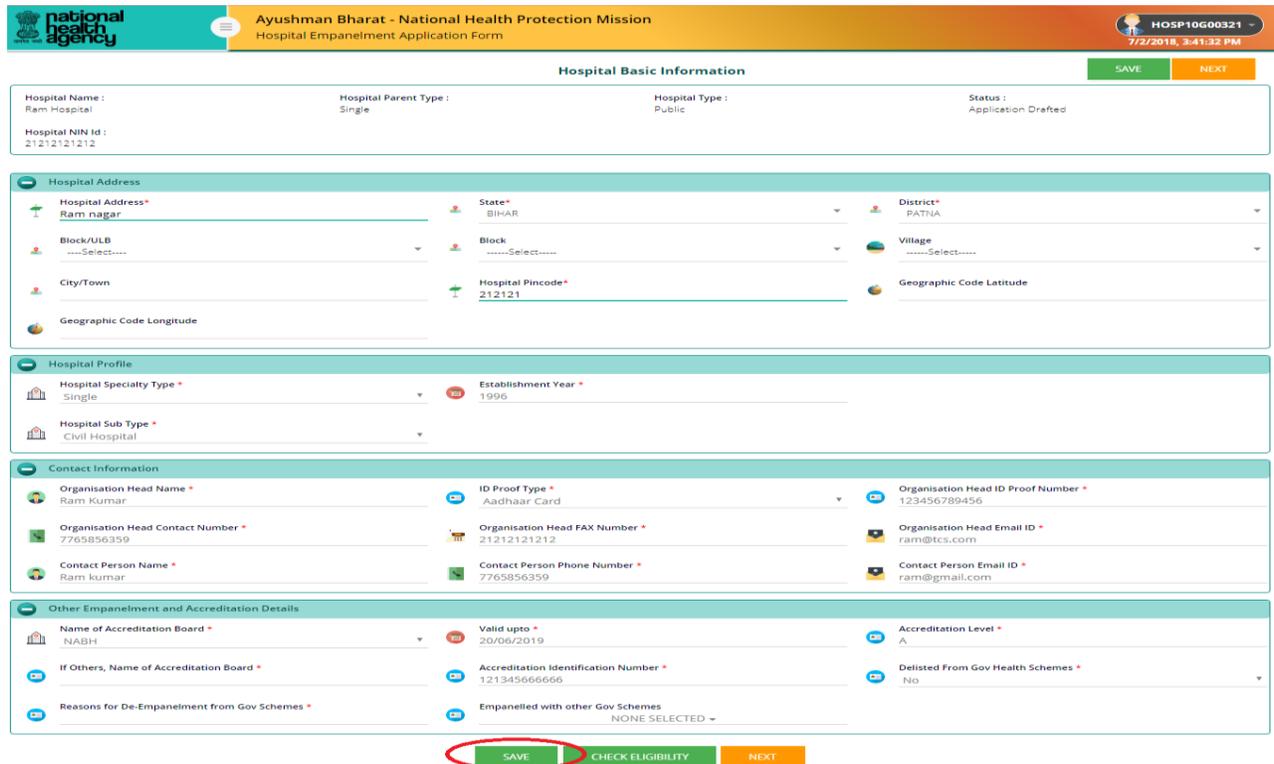
Name of Accreditation Board* Valid upto* Accreditation Level*
If Others, Name of Accreditation Board* Accreditation Identification Number* Delisted From Gov Health Schemes* ---Select---
Reasons for De-Empanelment from Gov Schemes* Empanelled with other Gov Schemes NONE SELECTED

[SAVE] [CHECK ELIGIBILITY] [NEXT]

Screen shot 7

Hospital Empanelment Module - User Manual

Step 7.1: After filling all the mandatory details in Hospital Basic Information (as shown in screenshot 8).



Ayushman Bharat - National Health Protection Mission
Hospital Empanelment Application Form

HOSP10G00321
7/2/2018, 3:41:32 PM

Hospital Basic Information [SAVE] [NEXT]

Hospital Name: Ram Hospital Hospital Parent Type: Single Hospital Type: Public Status: Application Drafted
Hospital NIN Id: 212121212

Hospital Address

Hospital Address*: Ram nagar State*: BIHAR District*: PATNA
Block/ULB: ---Select--- Block: ---Select--- Village: ---Select---
City/Town: Hospital Pincode*: 212121 Geographic Code Latitude: Geographic Code Longitude:

Hospital Profile

Hospital Specialty Type*: Single Establishment Year*: 1996
Hospital Sub Type*: Civil Hospital

Contact Information

Organisation Head Name*: Ram Kumar ID Proof Type*: Aadhaar Card Organisation Head ID Proof Number*: 123456789456
Organisation Head Contact Number*: 7765856359 Organisation Head FAX Number*: 21212121212 Organisation Head Email ID*: ram@tcs.com
Contact Person Name*: Ram kumar Contact Person Phone Number*: 7765856359 Contact Person Email ID*: ram@gmail.com

Other Empanelment and Accreditation Details

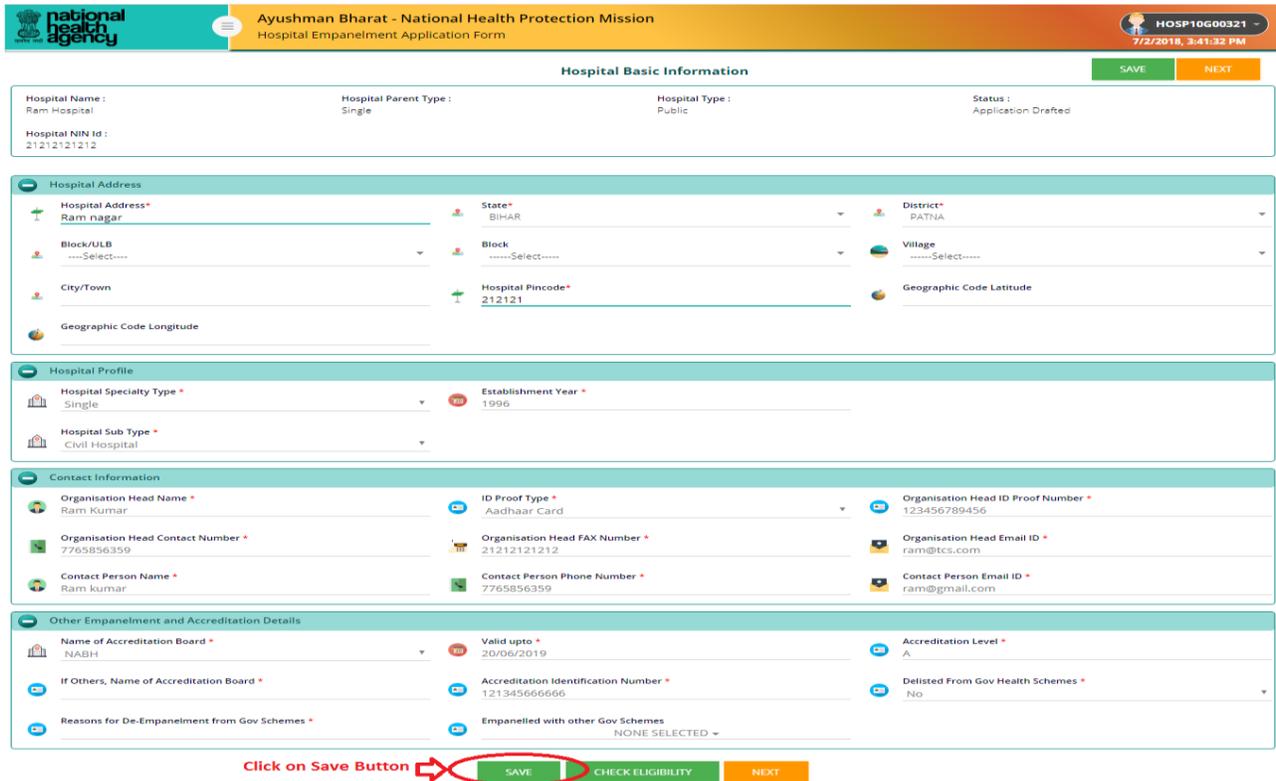
Name of Accreditation Board*: NABH Valid upto*: 20/06/2019 Accreditation Level*: A
If Others, Name of Accreditation Board*: Accreditation Identification Number*: 121345666666 Delisted From Gov Health Schemes*: No
Reasons for De-Empanelment from Gov Schemes*: Empanelled with other Gov Schemes: NONE SELECTED

[SAVE] [CHECK ELIGIBILITY] [NEXT]

Screen shot 8

Hospital Empanelment Module - User Manual

Step 7.2: Now after filling all mandatory details click on “SAVE” button to save all filled details (as shown in screenshot 9).



Ayushman Bharat - National Health Protection Mission
Hospital Empanelment Application Form

HOSP10G00321
7/2/2018, 3:41:32 PM

Hospital Basic Information

SAVE NEXT

Hospital Name : Ram Hospital	Hospital Parent Type : Single	Hospital Type : Public	Status : Application Drafted
Hospital NIN Id : 212121212			

Hospital Address

Hospital Address* Ram nagar	State* BIHAR	District* PATNA
Block/ULB -----Select-----	Block -----Select-----	Village -----Select-----
City/Town	Hospital Pincode* 212121	Geographic Code Latitude
Geographic Code Longitude		

Hospital Profile

Hospital Specialty Type* Single	Establishment Year* 1996
Hospital Sub Type* Civil Hospital	

Contact Information

Organisation Head Name* Ram Kumar	ID Proof Type* Aadhaar Card	Organisation Head ID Proof Number* 123456789456
Organisation Head Contact Number* 7765856359	Organisation Head FAX Number* 21212121212	Organisation Head Email ID* ram@tcs.com
Contact Person Name* Ram kumar	Contact Person Phone Number* 7765856359	Contact Person Email ID* ram@gmail.com

Other Empanelment and Accreditation Details

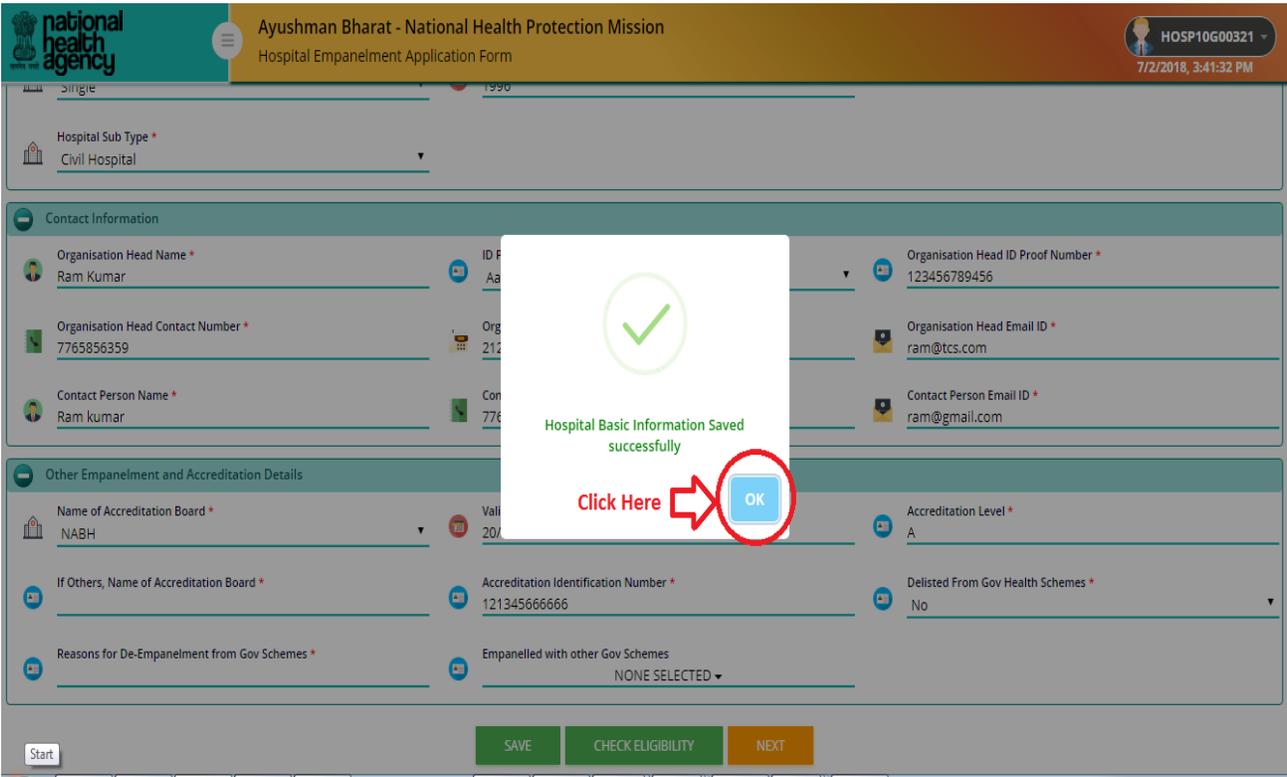
Name of Accreditation Board* NABH	Valid upto* 20/06/2019	Accreditation Level* A
If Others, Name of Accreditation Board*	Accreditation Identification Number* 121345666666	Delisted From Gov Health Schemes* No
Reasons for De-Empanelment from Gov Schemes*	Empanelled with other Gov Schemes NONE SELECTED	

Click on Save Button → **SAVE** CHECK ELIGIBILITY NEXT

Screen shot 9

Hospital Empanelment Module - User Manual

Step 7.3: After clicking on “save” button alert will be displayed as “Hospital basic information saved successfully”. Now we need to click on “OK” button for further flow (as shown in screenshot 10).

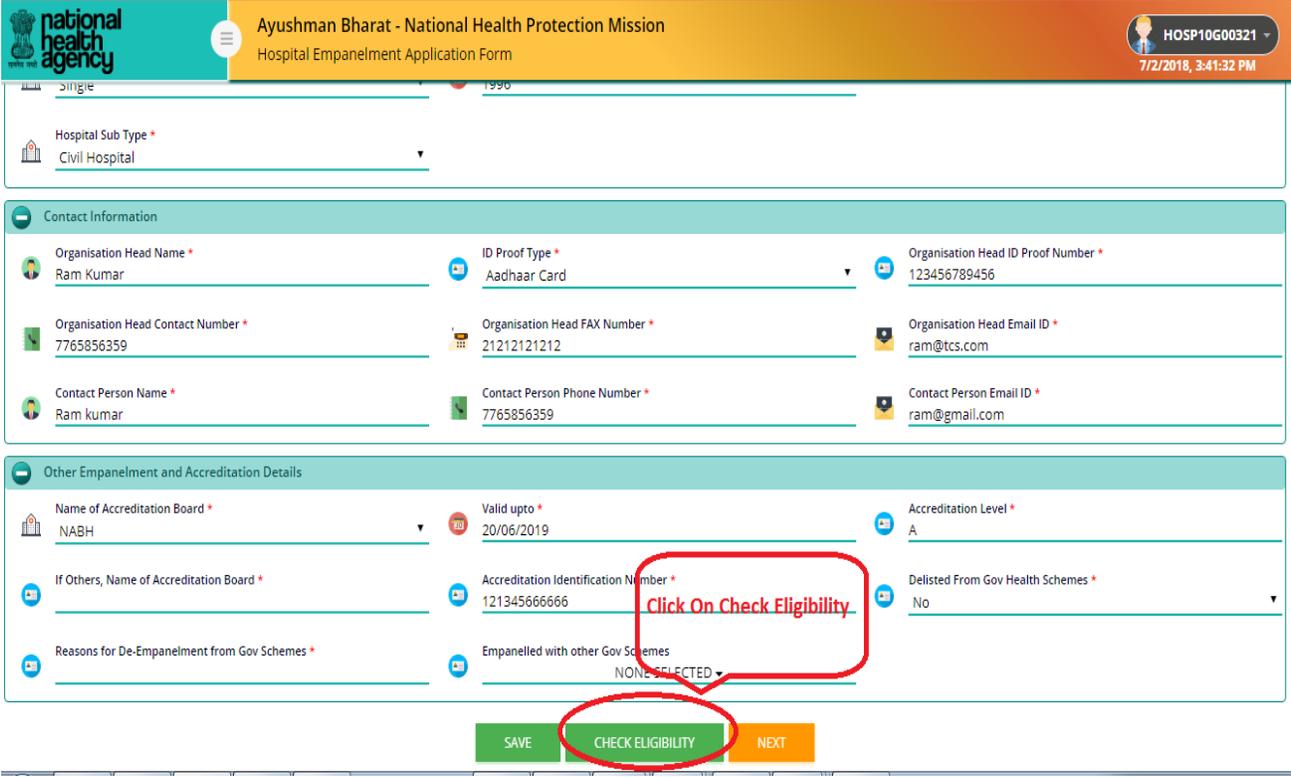


The screenshot displays the 'Hospital Empanelment Application Form' interface. At the top, the header includes the National Health Agency logo, the mission name 'Ayushman Bharat - National Health Protection Mission', and the user ID 'HOSP10G00321' with a timestamp '7/2/2018, 3:41:32 PM'. The form fields are organized into sections: 'Hospital Sub Type' (Civil Hospital), 'Contact Information' (Organisation Head Name: Ram Kumar, Contact Number: 7765856359, Contact Person Name: Ram kumar, Organisation Head ID Proof Number: 123456789456, Organisation Head Email ID: ram@tcs.com, Contact Person Email ID: ram@gmail.com), and 'Other Empanelment and Accreditation Details' (Name of Accreditation Board: NABH, Accreditation Level: A, Accreditation Identification Number: 121345666666, Delisted From Gov Health Schemes: No, Empanelled with other Gov Schemes: NONE SELECTED). A modal alert box is centered over the form, featuring a green checkmark icon and the text 'Hospital Basic Information Saved successfully'. Below the text, a red arrow points to a blue 'OK' button, which is circled in red. At the bottom of the form, there are three buttons: 'Start', 'SAVE', 'CHECK ELIGIBILITY', and 'NEXT'.

Screen shot 10

Hospital Empanelment Module - User Manual

Step 7.4: After saving the details given, click on 'Check Eligibility', (as shown in screenshot 11).

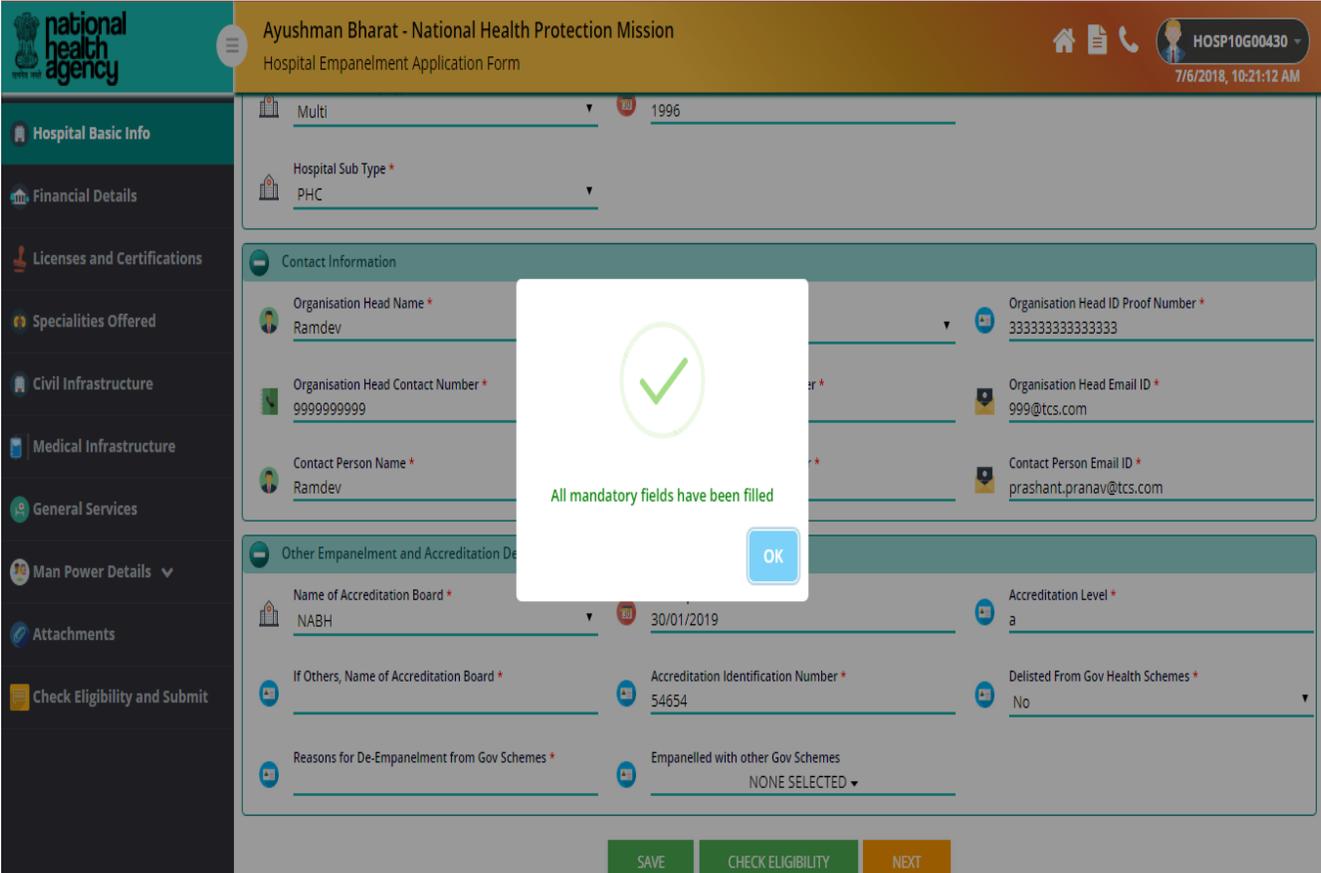


The screenshot displays the 'Hospital Empanelment Application Form' interface. The header includes the National Health Agency logo and the mission name 'Ayushman Bharat - National Health Protection Mission'. The user's profile shows 'HOSP10G00321' and the time '7/2/2018, 3:41:32 PM'. The form is divided into three main sections: 'Contact Information', 'Other Empanelment and Accreditation Details', and a bottom navigation bar. The 'Contact Information' section contains fields for Organisation Head Name (Ram Kumar), ID Proof Type (Aadhaar Card), Organisation Head ID Proof Number (123456789456), Organisation Head Contact Number (7765856359), Organisation Head FAX Number (21212121212), Organisation Head Email ID (ram@tcs.com), Contact Person Name (Ram kumar), Contact Person Phone Number (7765856359), and Contact Person Email ID (ram@gmail.com). The 'Other Empanelment and Accreditation Details' section includes Name of Accreditation Board (NABH), Valid upto (20/06/2019), Accreditation Level (A), If Others, Name of Accreditation Board, Accreditation Identification Number (121345666666), Delisted From Gov Health Schemes (No), Reasons for De-Empanelment from Gov Schemes, and Empanelled with other Gov Schemes (NONE SELECTED). A red circle highlights the 'CHECK ELIGIBILITY' button, with a red callout box containing the text 'Click On Check Eligibility'.

Screen shot 11

Hospital Empanelment Module - User Manual

Step 7.5: After clicking on “Check eligibility” button, alert will be displayed as “Eligibility Criteria Met” and we need to click on “OK” button for further flow (as shown in screenshot 12).



The screenshot displays the 'Hospital Empanelment Application Form' interface. A central modal window shows a green checkmark and the message 'All mandatory fields have been filled' with an 'OK' button. The background form is partially visible, showing sections for 'Hospital Basic Info', 'Contact Information', and 'Other Empanelment and Accreditation Details'. The 'Hospital Basic Info' section includes 'Multi' and '1996'. 'Contact Information' includes 'Organisation Head Name * Ramdev', 'Organisation Head ID Proof Number * 3333333333333333', 'Organisation Head Contact Number * 9999999999', 'Organisation Head Email ID * 999@tcs.com', 'Contact Person Name * Ramdev', and 'Contact Person Email ID * prashant.pranav@tcs.com'. 'Other Empanelment and Accreditation Details' includes 'Name of Accreditation Board * NABH', 'Accreditation Level * a', 'If Others, Name of Accreditation Board *', 'Accreditation Identification Number * 54654', 'Delisted From Gov Health Schemes * No', 'Reasons for De-Empanelment from Gov Schemes *', and 'Empanelled with other Gov Schemes NONE SELECTED'. The bottom navigation bar contains 'SAVE', 'CHECK ELIGIBILITY', and 'NEXT' buttons.

Screen shot 12

Hospital Empanelment Module - User Manual

Step 7.6: Now we need to click on “NEXT” button to proceed further (as shown in screenshot 13).

Ayushman Bharat - National Health Protection Mission
Hospital Empanelment Application Form

HOSP10G00321
7/2/2018, 3:41:32 PM

Hospital Basic Information

SAVE
NEXT

Hospital Name : Ram Hospital	Hospital Parent Type : Single	Hospital Type : Public	Status : Application Drafted
Hospital NIN Id : 212121212			

Hospital Address

Hospital Address* Ram nagar	State* BIHAR	District* PATNA
Block/ULB -----Select-----	Block -----Select-----	Village -----Select-----
City/Town	Hospital Pincode* 212121	Geographic Code Latitude
Geographic Code Longitude		

Hospital Profile

Hospital Specialty Type* Single	Establishment Year* 1996
Hospital Sub Type* Civil Hospital	

Contact Information

Organisation Head Name* Ram Kumar	ID Proof Type* Aadhaar Card	Organisation Head ID Proof Number* 123456789456
Organisation Head Contact Number* 7765856359	Organisation Head FAX Number* 21212121212	Organisation Head Email ID* ram@tcs.com
Contact Person Name* Ram kumar	Contact Person Phone Number* 7765856359	Contact Person Email ID* ram@gmail.com

Other Empanelment and Accreditation Details

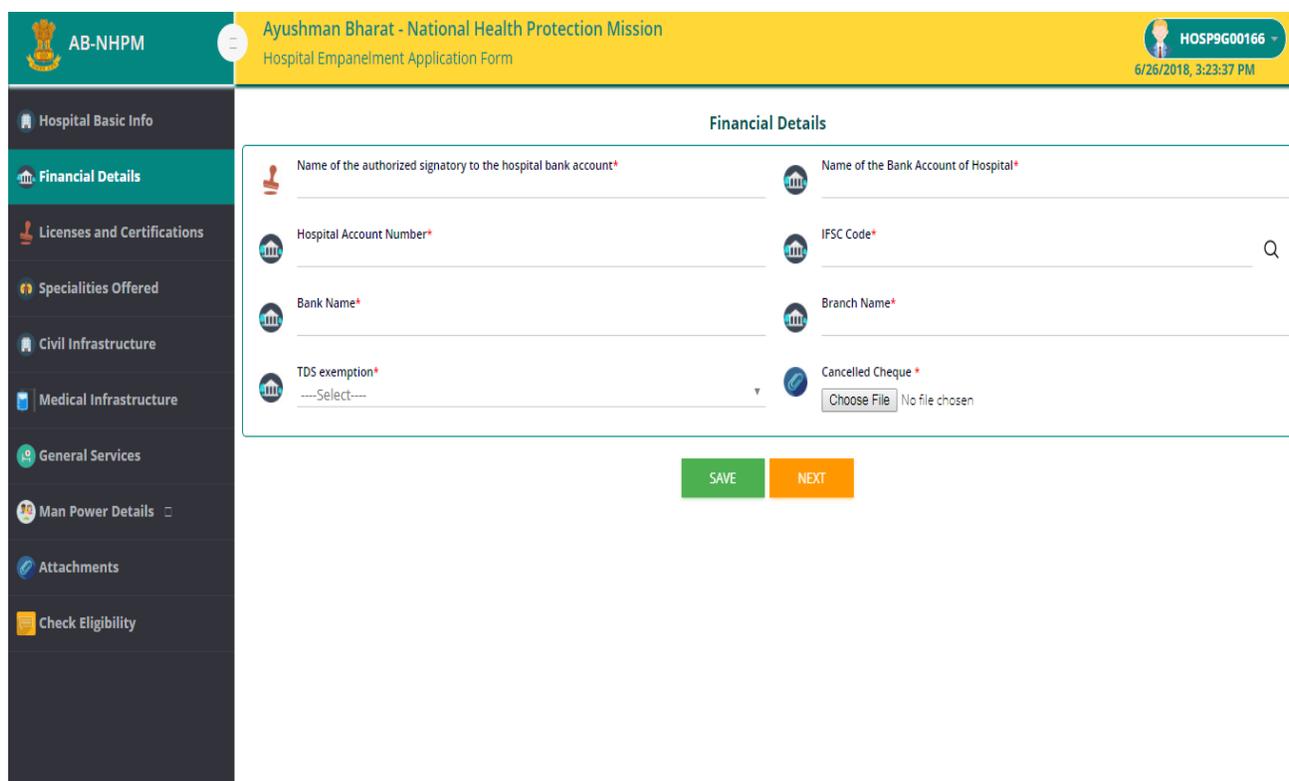
Name of Accreditation Board* NABH	Valid upto* 20/06/2019	Accreditation Level* A
If Others, Name of Accreditation Board*	Accreditation Identification Number* 121345666666	Delisted From Gov Health Schemes* No
Reasons for De-Empanelment from Gov Schemes*	Empanelled with other Gov Schemes NONE SELECTED	

SAVE
CHECK ELIGIBILITY
NEXT

Screen shot 13

Step 8: **Financial Details Tab**- After filling Hospital basic information next we need to fill financial details of hospital (as shown in screenshot 14).

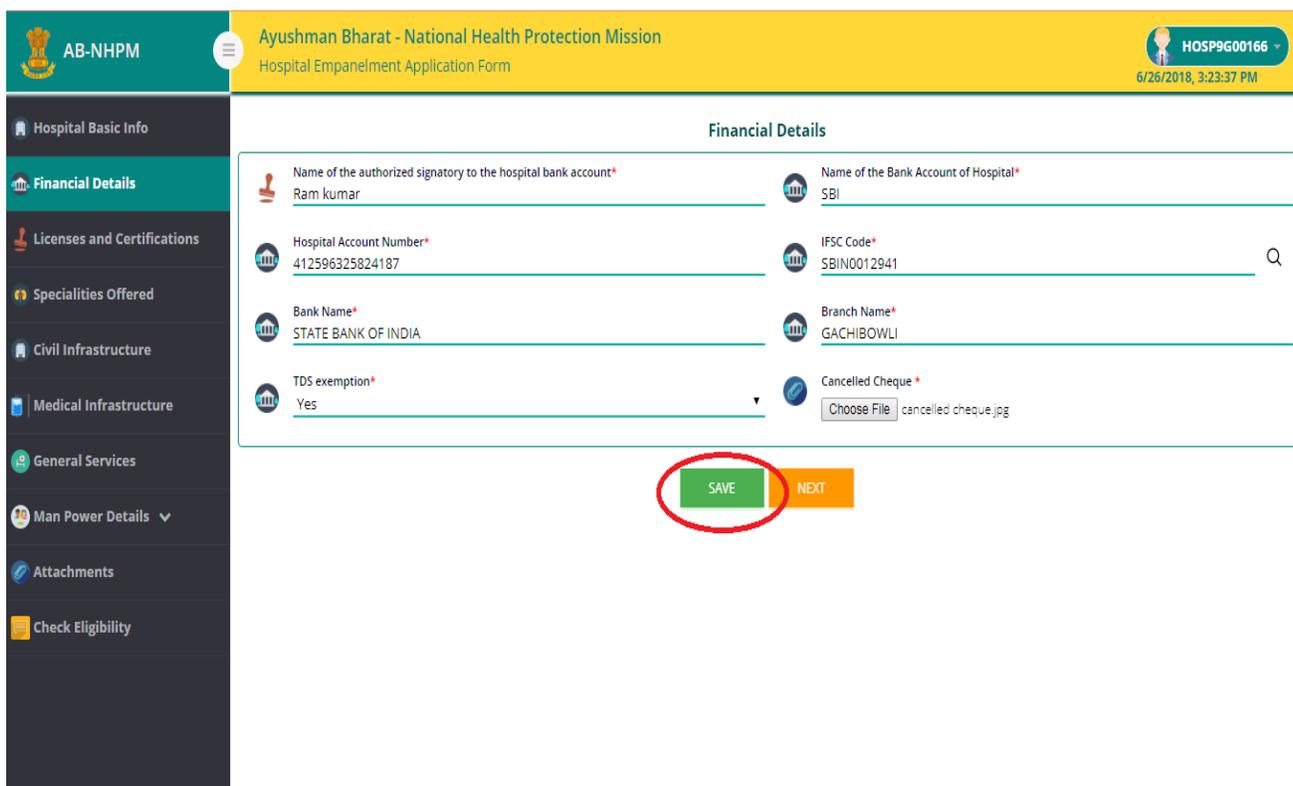
Note: TDS exemption drop down will not be available if Hospital type is “Public”



The screenshot displays the 'Financial Details' tab of the Hospital Empanelment Application Form. The interface includes a top navigation bar with the AB-NHPM logo, the mission name, and the user ID 'HOSP9G00166'. A left sidebar lists various form sections, with 'Financial Details' currently selected. The main content area contains several input fields: 'Name of the authorized signatory to the hospital bank account*', 'Name of the Bank Account of Hospital*', 'Hospital Account Number*', 'IFSC Code*' (with a search icon), 'Bank Name*', 'Branch Name*', 'TDS exemption*' (a dropdown menu), and 'Cancelled Cheque*' (with a 'Choose File' button and 'No file chosen' text). At the bottom of the form, there are two buttons: 'SAVE' and 'NEXT'.

Screen shot 14

Step 8.1: Fill all mandatory details under financial details tab of hospital bank and click on “SAVE” button (as shown in screenshot 15).



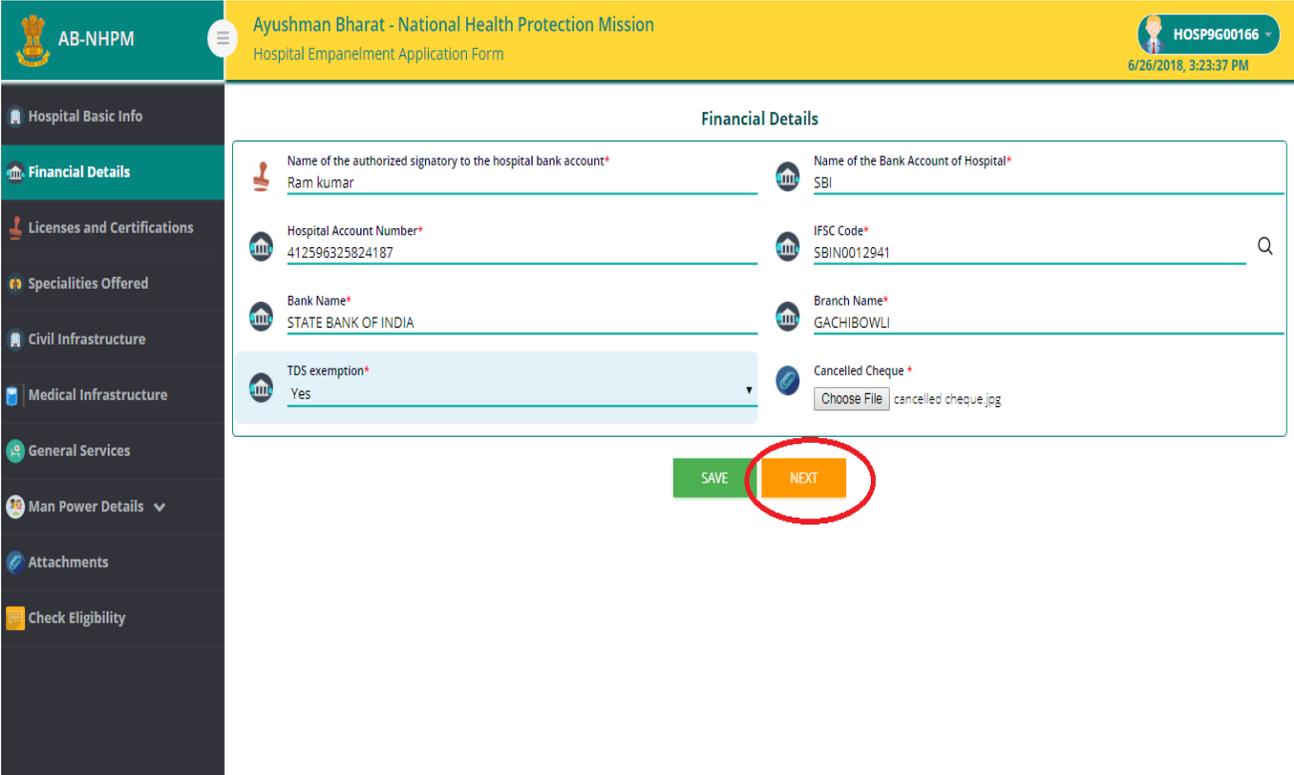
The screenshot displays the 'Financial Details' section of the 'Hospital Empanelment Application Form'. The form is titled 'Ayushman Bharat - National Health Protection Mission Hospital Empanelment Application Form'. The user's ID is 'HOSP9G00166' and the timestamp is '6/26/2018, 3:23:37 PM'. The left sidebar shows various tabs: Hospital Basic Info, Financial Details (selected), Licenses and Certifications, Specialities Offered, Civil Infrastructure, Medical Infrastructure, General Services, Man Power Details, Attachments, and Check Eligibility. The main content area contains the following fields:

Financial Details	
Name of the authorized signatory to the hospital bank account* Ram kumar	Name of the Bank Account of Hospital* SBI
Hospital Account Number* 412596325824187	IFSC Code* SBIN0012941
Bank Name* STATE BANK OF INDIA	Branch Name* GACHIBOWLI
TDS exemption* Yes	Cancelled Cheque* Choose File cancelled cheque.jpg

At the bottom of the form, there are two buttons: 'SAVE' (highlighted with a red circle) and 'NEXT'.

Screen shot 15

Step 8.2: After saving financial details of hospital, click on “NEXT” button (as shown in screenshot 16)



The screenshot displays the 'Hospital Empanelment Application Form' interface. The top navigation bar includes the AB-NHPM logo, the mission name 'Ayushman Bharat - National Health Protection Mission', and the user ID 'HOSP9600166' with a timestamp '6/26/2018, 3:23:37 PM'. A sidebar on the left lists various form sections: Hospital Basic Info, Financial Details (highlighted), Licenses and Certifications, Specialities Offered, Civil Infrastructure, Medical Infrastructure, General Services, Man Power Details, Attachments, and Check Eligibility. The main content area is titled 'Financial Details' and contains the following fields:

Name of the authorized signatory to the hospital bank account* Ram kumar	Name of the Bank Account of Hospital* SBI
Hospital Account Number* 412596325824187	IFSC Code* SBIN0012941
Bank Name* STATE BANK OF INDIA	Branch Name* GACHIBOWLI
TDS exemption* Yes	Cancelled Cheque* Choose File cancelled cheque.jpg

At the bottom of the form, there are two buttons: a green 'SAVE' button and an orange 'NEXT' button, which is circled in red to indicate the next step.

Screen shot 16

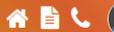
Hospital Empanelment Module - User Manual

Step 9: Licences and Certification Tab- After filling financial details of hospital, we need to fill information about Licences and certification of Hospital. Under this we need to fill all the mandatory details with attachment (as shown in screenshot 17).



Ayushman Bharat - National Health Protection Mission

Hospital Empanelment Application Form



HOSP10G00243

7/3/2018, 9:31:59 AM

Licences and Certifications SAVE NEXT

Note : Supported file types are JPG, JPEG, BMP, PNG, PDF less than 200KB

Approval Name	Certificate No	Issue Date	Expiry Date	Action
Building & Infrastructure				
Building Plan Approval	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Fire Department Clearance Certificate	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Pollution Control Board Certificate	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Lift Licence	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Registrations & Certification				
Occupancy Certificate	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Opium Licence	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Hospital Registration Certificate	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
State Medical Council/Association Registration	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Morphine Licence	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
PCPNDT Act Registration	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Surgical Spirit Licence	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Bio-Medical Waste Management	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
AERB	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
TLD Badge	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Services				
Pharmacy Licence/Tie up*	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
BloodBank Licence/Tie-up Letter*	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Ambulance Registration Certificate/Tie-up Letter*	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 

SAVE CHECK ELIGIBILITY NEXT

Screen shot 17

स्वस्थ आपका, साथ हमारा

Hospital Empanelment Module - User Manual

Step 9.1: After filling all mandatory details click on “SAVE” button for saving filled details (as shown in screenshot 18)



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Hospital Empanelment Application Form

🏠 📄 ☎️ 👤 HOSP10G00243

7/3/2018, 9:31:59 AM

Licences and Certifications SAVE NEXT

Note : Supported file types are JPG, JPEG, BMP, PNG, PDF less than 200KB

Approval Name	Certificate No	Issue Date	Expiry Date	Action
Building & Infrastructure				
Building Plan Approval	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	📎 📄
Fire Department Clearance Certificate	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	📎 📄
Pollution Control Board Certificate	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	📎 📄
Lift Licence	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	📎 📄
Registrations & Certification				
Occupancy Certificate	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	📎 📄
Opium Licence	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	📎 📄
Hospital Registration Certificate	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	📎 📄
State Medical Council/Association Registration	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	📎 📄
Morphine Licence	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	📎 📄
PCPNDT Act Registration	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	📎 📄
Surgical Spirit Licence	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	📎 📄
Bio-Medical Waste Management	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	📎 📄
AERB	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	📎 📄
TLD Badge	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	📎 📄
Services				
Pharmacy Licence/Tie up*	<input type="text" value="1235"/>	<input type="text" value="28/01/2015"/>	<input type="text" value="21/07/2018"/>	📎 📄
BloodBank Licence/Tie-up Letter*	<input type="text" value="2564"/>	<input type="text" value="28/01/2015"/>	<input type="text" value="21/07/2018"/>	📎 📄
Ambulance Registration Certificate/Tie-up Letter*	<input type="text" value="3564"/>	<input type="text" value="28/01/2015"/>	<input type="text" value="21/07/2018"/>	📎 📄

SAVE

CHECK ELIGIBILITY

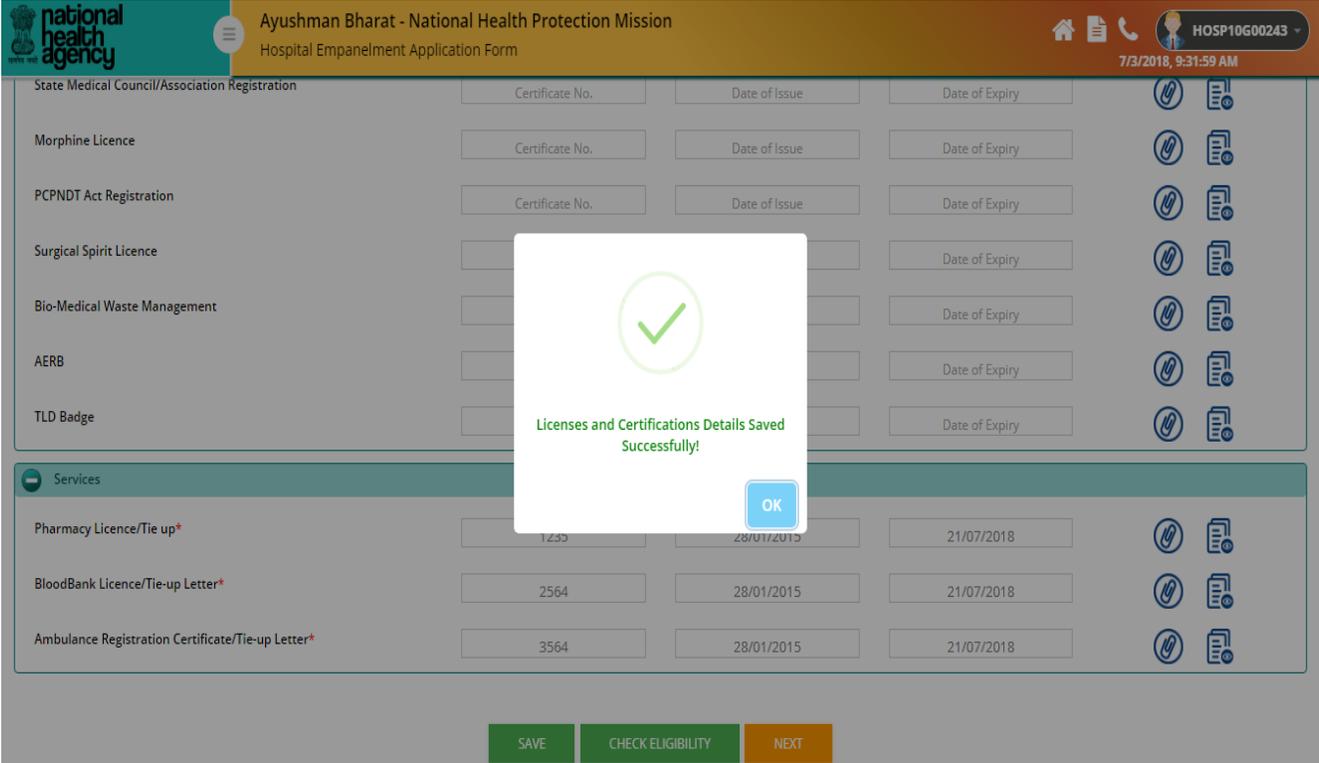
NEXT

Screen shot 18

स्वस्थ आपका, साथ हमारा

Hospital Empanelment Module - User Manual

Step 9.2: After clicking on “SAVE” button alert will be displayed as” Licenses and certification details saved successfully”. We need to click on “OK” button to proceed further (as shown in screenshot 19).



The screenshot displays the 'Hospital Empanelment Application Form' interface. A central alert box with a green checkmark and the text 'Licenses and Certifications Details Saved Successfully!' is overlaid on the form. The form is divided into two sections: 'Licenses and Certifications' and 'Services'.

Category	Certificate No.	Date of Issue	Date of Expiry	Actions
State Medical Council/Association Registration				[Link] [Print]
Morphine Licence				[Link] [Print]
PCPNDT Act Registration				[Link] [Print]
Surgical Spirit Licence				[Link] [Print]
Bio-Medical Waste Management				[Link] [Print]
AERB				[Link] [Print]
TLD Badge				[Link] [Print]
Services				
Pharmacy Licence/Tie up*	1235	28/01/2015	21/07/2018	[Link] [Print]
BloodBank Licence/Tie-up Letter*	2564	28/01/2015	21/07/2018	[Link] [Print]
Ambulance Registration Certificate/Tie-up Letter*	3564	28/01/2015	21/07/2018	[Link] [Print]

At the bottom of the form, there are three buttons: 'SAVE' (green), 'CHECK ELIGIBILITY' (green), and 'NEXT' (orange).

Screen shot 19

Hospital Empanelment Module - User Manual

Step 9.3: After saving the details given, click on **“CHECK ELIGIBILITY”** button (as shown in screenshot 20).



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Hospital Empanelment Application Form

HOSP10G00243
7/3/2018, 9:31:59 AM

Licences and Certifications

Note : Supported file types are JPG, JPEG, BMP, PNG,PDF less than 200KB

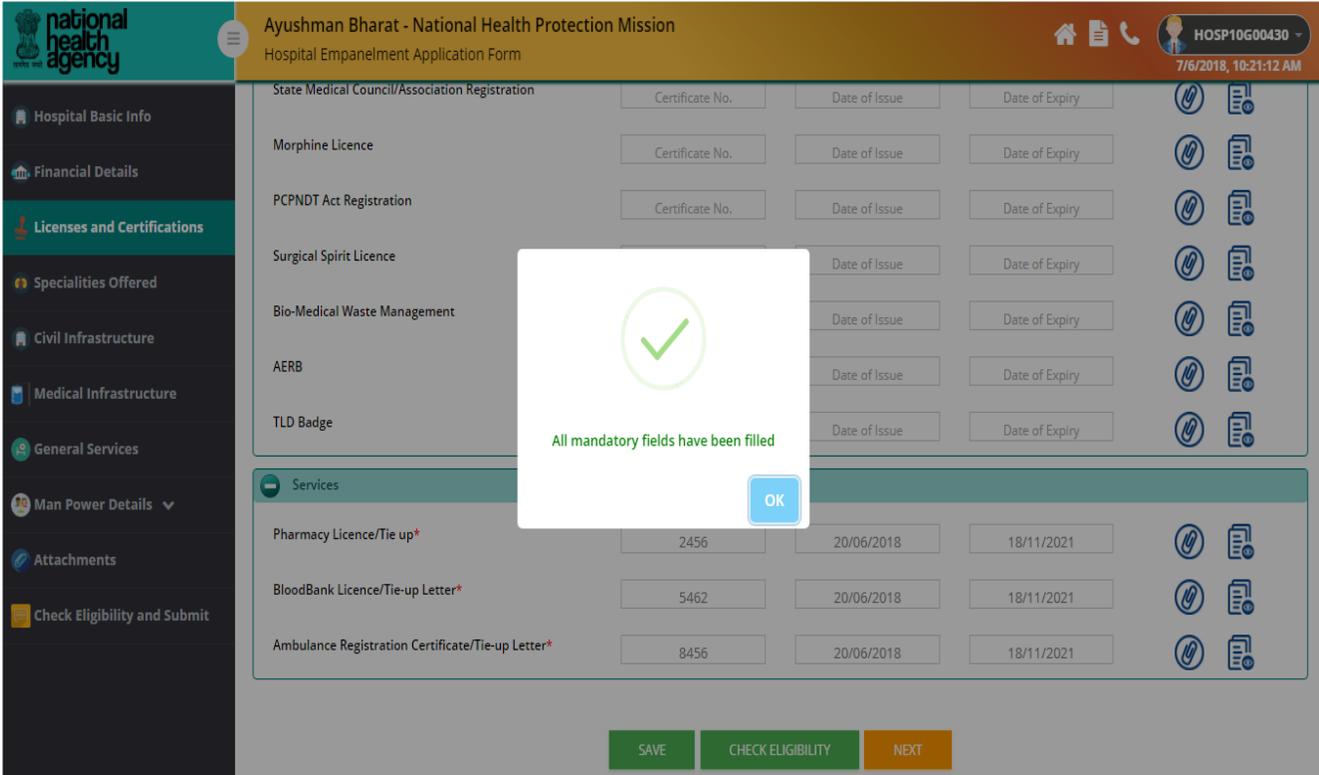
Approval Name	Certificate No	Issue Date	Expiry Date	Action
Building & Infrastructure				
Building Plan Approval	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Fire Department Clearance Certificate	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Pollution Control Board Certificate	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Lift Licence	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Registrations & Certification				
Occupancy Certificate	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Opium Licence	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Hospital Registration Certificate	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
State Medical Council/Association Registration	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Morphine Licence	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
PCPNDT Act Registration	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Surgical Spirit Licence	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Bio-Medical Waste Management	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
AERB	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
TLD Badge	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Services				
Pharmacy Licence/Tie up*	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
BloodBank Licence/Tie-up Letter*	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 
Ambulance Registration Certificate/Tie-up Letter*	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	 

SAVE
CHECK ELIGIBILITY
NEXT

Screen shot 20

Hospital Empanelment Module - User Manual

Step 9.4: After clicking on “Check eligibility”, an alert will be displayed as “Eligibility Criteria Met” and we need to accept this alert by clicking on ‘OK’ to proceed further (as shown in screenshot 21).



The screenshot displays the 'Hospital Empanelment Application Form' interface. A central alert box with a green checkmark and the text 'All mandatory fields have been filled' is overlaid on the form. The form contains several sections: 'Licenses and Certifications' (including State Medical Council/Association Registration, Morphine Licence, PCPNDT Act Registration, Surgical Spirit Licence, Bio-Medical Waste Management, AERB, and TLD Badge) and 'Services' (including Pharmacy Licence/Tie up*, BloodBank Licence/Tie-up Letter*, and Ambulance Registration Certificate/Tie-up Letter*). Each entry has fields for Certificate No., Date of Issue, and Date of Expiry. At the bottom, there are buttons for 'SAVE', 'CHECK ELIGIBILITY', and 'NEXT'. The top navigation bar shows the user's profile as 'HOSP10G00430' and the time as '7/6/2018, 10:21:12 AM'.

Screen shot 21

Hospital Empanelment Module - User Manual

Step 9.5: After accepting alert we need to click on “NEXT” button for further flow of Empanelment (as shown in screenshot 22).



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Hospital Empanelment Application Form

HOSP10G00243
7/3/2018, 9:31:59 AM

Licences and Certifications

Note : Supported file types are JPG, JPEG, BMP, PNG,PDF less than 200KB

Approval Name	Certificate No	Issue Date	Expiry Date	Action
Building & Infrastructure				
Building Plan Approval	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	🔗 📄
Fire Department Clearance Certificate	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	🔗 📄
Pollution Control Board Certificate	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	🔗 📄
Lift Licence	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	🔗 📄
Registrations & Certification				
Occupancy Certificate	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	🔗 📄
Opium Licence	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	🔗 📄
Hospital Registration Certificate	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	🔗 📄
State Medical Council/Association Registration	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	🔗 📄
Morphine Licence	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	🔗 📄
PCPNDT Act Registration	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	🔗 📄
Surgical Spirit Licence	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	🔗 📄
Bio-Medical Waste Management	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	🔗 📄
AERB	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	🔗 📄
TLD Badge	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	🔗 📄
Services				
Pharmacy Licence/Tie up*	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	🔗 📄
BloodBank Licence/Tie-up Letter*	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	🔗 📄
Ambulance Registration Certificate/Tie-up Letter*	<input type="text" value="Certificate No."/>	<input type="text" value="Date of Issue"/>	<input type="text" value="Date of Expiry"/>	🔗 📄

SAVE CHECK ELIGIBILITY **NEXT**

Screen shot 22

स्वस्थ आपका, साथ हमारा

Hospital Empanelment Module - User Manual

Step 10: **Specialties offered Tab** -Next section of hospital empanelment form is Specialties Offered. It may be single or multi-specialty (as shown in screenshot 23).



AB-NHPM

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Hospital Empanelment Application Form



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Specialities Offered

SAVE
NEXT

S.No	Speciality Code	Speciality Name	Check	Admissions Done Previous Financial Year	Admissions Done Before Last Year
1	S1	General Surgery	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2	S2	ENT	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
3	S3	Ophthalmology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
4	S4	Obstetrics & Gynaecology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
5	S5	Orthopaedics	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
6	S7	Cardio Thorasic Surgery	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
7	S8	Paediatric Surgery	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
8	S9	Genitourinary Surgery	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
9	S10	Neuro Surgery	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
10	S11	Surgical Oncology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
11	S12	Medical Oncology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
12	S13	Radiation Oncology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
13	S14	Burns,Plastic & Reconstructive Surgery	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
14	S15	Polytrauma	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
15	S18	Dental Surgery	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
16	S16	Paediatric Cancer	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
17	M1	Critical Care	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
18	M2	General Medicine	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
19	M4	Paediatrics	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
20	M4.3	Neonatology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
21	M5	Cardiology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
22	M6	Nephrology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
23	M7	Neurology	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
24	M8	Chest Diseases And Respiratory Medicine(Pulmonology)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
25	M13	Psychiatry	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

SAVE
NEXT

Screen shot 23

स्वस्थ आपका, साथ हमारा

Hospital Empanelment Module - User Manual

Step 10.1: Tick Specialty Name under checkbox columns and provide admission done during previous financial year and admission done before last year and click on “SAVE” button (as shown in screenshot 24).



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Hospital Empanelment Application Form

HOSP10G00321
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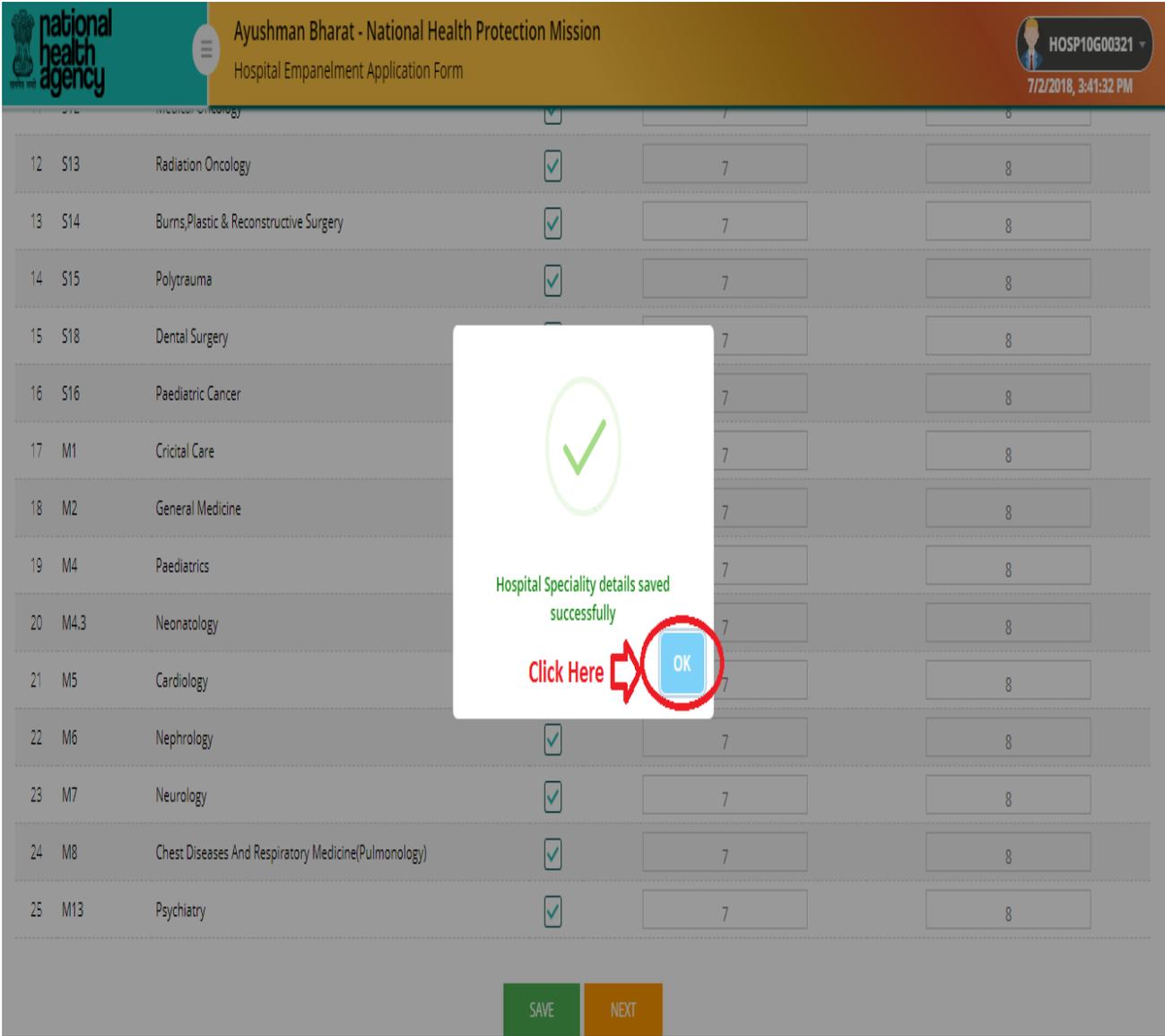
Specialities Offered						
S.No	Speciality Code	Speciality Name	Check	Admissions Done Previous Financial Year	Admissions Done Before Last Year	
1	S1	General Surgery	<input checked="" type="checkbox"/>	12	12	<input type="button" value="SAVE"/> <input type="button" value="NEXT"/>
2	S2	ENT	<input checked="" type="checkbox"/>	10	10	
3	S3	Ophthalmology	<input checked="" type="checkbox"/>	9	10	
4	S4	Obstetrics & Gynaecology	<input checked="" type="checkbox"/>	10	9	
5	S5	Orthopaedics	<input checked="" type="checkbox"/>	10	8	
6	S7	Cardio Thorasic Surgery	<input checked="" type="checkbox"/>	7	4	
7	S8	Paediatric Surgery	<input checked="" type="checkbox"/>	8	8	
8	S9	Genitourinary Surgery	<input checked="" type="checkbox"/>	7	9	
9	S10	Neuro Surgery	<input checked="" type="checkbox"/>	7	10	
10	S11	Surgical Oncology	<input checked="" type="checkbox"/>	54	10	
11	S12	Medical Oncology	<input checked="" type="checkbox"/>	7	8	
12	S13	Radiation Oncology	<input checked="" type="checkbox"/>	7	8	
13	S14	Burns,Plastic & Reconstructive Surgery	<input checked="" type="checkbox"/>	7	8	
14	S15	Polytrauma	<input checked="" type="checkbox"/>	7	8	
15	S18	Dental Surgery	<input checked="" type="checkbox"/>	7	8	
16	S16	Paediatric Cancer	<input checked="" type="checkbox"/>	7	8	
17	M1	Critical Care	<input checked="" type="checkbox"/>	7	8	
18	M2	General Medicine	<input checked="" type="checkbox"/>	7	8	
19	M4	Paediatrics	<input checked="" type="checkbox"/>	7	8	
20	M4.3	Neonatology	<input checked="" type="checkbox"/>	7	8	
21	M5	Cardiology	<input checked="" type="checkbox"/>	7	8	
22	M6	Nephrology	<input checked="" type="checkbox"/>	7	8	
23	M7	Neurology	<input checked="" type="checkbox"/>	7	8	
24	M8	Chest Diseases And Respiratory Medicine(Pulmonology)	<input checked="" type="checkbox"/>	7	8	
25	M13	Psychiatry	<input checked="" type="checkbox"/>	7	8	

Screen shot 24

स्वस्थ आपका, साथ हमारा

Hospital Empanelment Module - User Manual

Step 10.2: After clicking on “SAVE” button alert will be displayed as “ Hospital Specialty details saved successfully” and click on “OK” button to proceed further (as shown in screenshot 25).



The screenshot displays the 'Hospital Empanelment Application Form' interface. At the top, the header includes the National Health Agency logo, the text 'Ayushman Bharat - National Health Protection Mission Hospital Empanelment Application Form', and a user profile icon with ID 'HOSP10G00321' and the date/time '7/2/2018, 3:41:32 PM'. The main content area is a table with columns for ID, Specialty Name, a checkbox, and two input fields. A modal alert box is centered over the table, featuring a green checkmark icon, the text 'Hospital Specialty details saved successfully', and a red arrow pointing to an 'OK' button. At the bottom of the form, there are 'SAVE' and 'NEXT' buttons.

ID	Specialty Name	Checkbox	Field 1	Field 2
12	S13 Radiation Oncology	<input checked="" type="checkbox"/>	7	8
13	S14 Burns,Plastic & Reconstructive Surgery	<input checked="" type="checkbox"/>	7	8
14	S15 Polytrauma	<input checked="" type="checkbox"/>	7	8
15	S18 Dental Surgery	<input type="checkbox"/>	7	8
16	S16 Paediatric Cancer	<input type="checkbox"/>	7	8
17	M1 Critical Care	<input type="checkbox"/>	7	8
18	M2 General Medicine	<input type="checkbox"/>	7	8
19	M4 Paediatrics	<input type="checkbox"/>	7	8
20	M4.3 Neonatology	<input type="checkbox"/>	7	8
21	M5 Cardiology	<input type="checkbox"/>	7	8
22	M6 Nephrology	<input checked="" type="checkbox"/>	7	8
23	M7 Neurology	<input checked="" type="checkbox"/>	7	8
24	M8 Chest Diseases And Respiratory Medicine(Pulmonology)	<input checked="" type="checkbox"/>	7	8
25	M13 Psychiatry	<input checked="" type="checkbox"/>	7	8

Screen shot 25

स्वस्थ आपका, साथ हमारा

Hospital Empanelment Module - User Manual

Step 10.3: After accepting alert, click on “NEXT” button to proceed (as shown in screenshot 26).



Ayushman Bharat - National Health Protection Mission
Hospital Empanelment Application Form

HOSP10G00321
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Licences and Certifications

Note : Supported file types are JPG, JPEG, BMP, PNG, PDF less than 200KB

Approval Name	Certificate No	Issue Date	Expiry Date	Action
Building & Infrastructure				
Building Plan Approval*	1230	04/02/2015	03/07/2018	 
Fire Department Clearance Certificate*	2541	04/02/2015	03/07/2018	 
Pollution Control Board Certificate*	2548	04/02/2015	03/07/2018	 
Lift Licence	Certificate No.	Date of Issue	Date of Expiry	 
Registrations & Certification				
Occupancy Certificate	Certificate No.	Date of Issue	Date of Expiry	 
Opium Licence	Certificate No.	Date of Issue	Date of Expiry	 
Hospital Registration Certificate*	2549	04/02/2015	03/07/2018	 
State Medical Council/Association Registration	Certificate No.	Date of Issue	Date of Expiry	 
Morphine Licence	Certificate No.	Date of Issue	Date of Expiry	 
PCPNDT Act Registration*	2547	04/02/2015	03/07/2018	 
Surgical Spirit Licence*	2542	04/02/2015	03/07/2018	 
Bio-Medical Waste Management	Certificate No.	Date of Issue	Date of Expiry	 
AERB	Certificate No.	Date of Issue	Date of Expiry	 
TLD Badge	Certificate No.	Date of Issue	Date of Expiry	 
Services				
Pharmacy Licence	Certificate No.	Date of Issue	Date of Expiry	 
BloodBank Licence/Tie-up Letter*	2540	04/02/2015	03/07/2018	 
Ambulance Registration Certificate/Tie-up Letter*	2587	04/02/2015	03/07/2018	 

SAVE CHECK ELIGIBILITY **NEXT**

Screen shot 26

Hospital Empanelment Module - User Manual

Step 11: **Civil Infrastructure Tab**-After completing specialties offered next section for Hospital empanelment form is Civil Infrastructure (as shown in screenshot 27).



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Hospital Empanelment Application Form

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SAVE
NEXT

Civil Infrastructure

- General

Standardised Architectural Design ---Select---	Fire Fighting System * ---Select---	Bio-Medical Waste Management * ---Select---
Duty Staff Room ---Select---	Cattle Trap at Entrance and Exit ---Select---	Area/Bed (Sq. Ft) * ---Select---
Back-Up Electricity Supply * ---Select---	Number of Floors * ---Select---	Lift Provision * ---Select---
Ramp Provision * ---Select---		

- Wards

Total Bed Strength * ---Select---	Number of InPatient Beds * ---Select---	Fully Equiped Operation Theatre * ---Select---
OPD * ---Select---	HDU ---Select---	General Ward * ---Select---
Existence of ICU with AC ---Select---	Casualty * ---Select---	Labour Room * ---Select---

- Facilities

Blood Bank * ---Select---	CSSD ---Select---	Diet and Kitchen Facility ---Select---
Linen and Laundry ---Select---	Stores ---Select---	Medical Records Department ---Select---
Ambulatory Service ---Select---	Patient Attendant Facility ---Select---	

- Diagnostic Services

Diagnostic Centre- Radiology (Basic) * ---Select---	Diagnostic Centre- Radiology (Advanced) ---Select---	Diagnostic Centre- Clinical Lab and Diagnostics ---Select---
--	---	---

- General Surgery

<input type="radio"/> OPD with registers *	---Select---
<input type="radio"/> Supportive Lab services *	---Select---
<input type="radio"/> OT facility *	---Select---
<input type="radio"/> SICU with fowler beds *	---Select---
<input type="radio"/> Post OP ward with fowler beds, *	---Select---

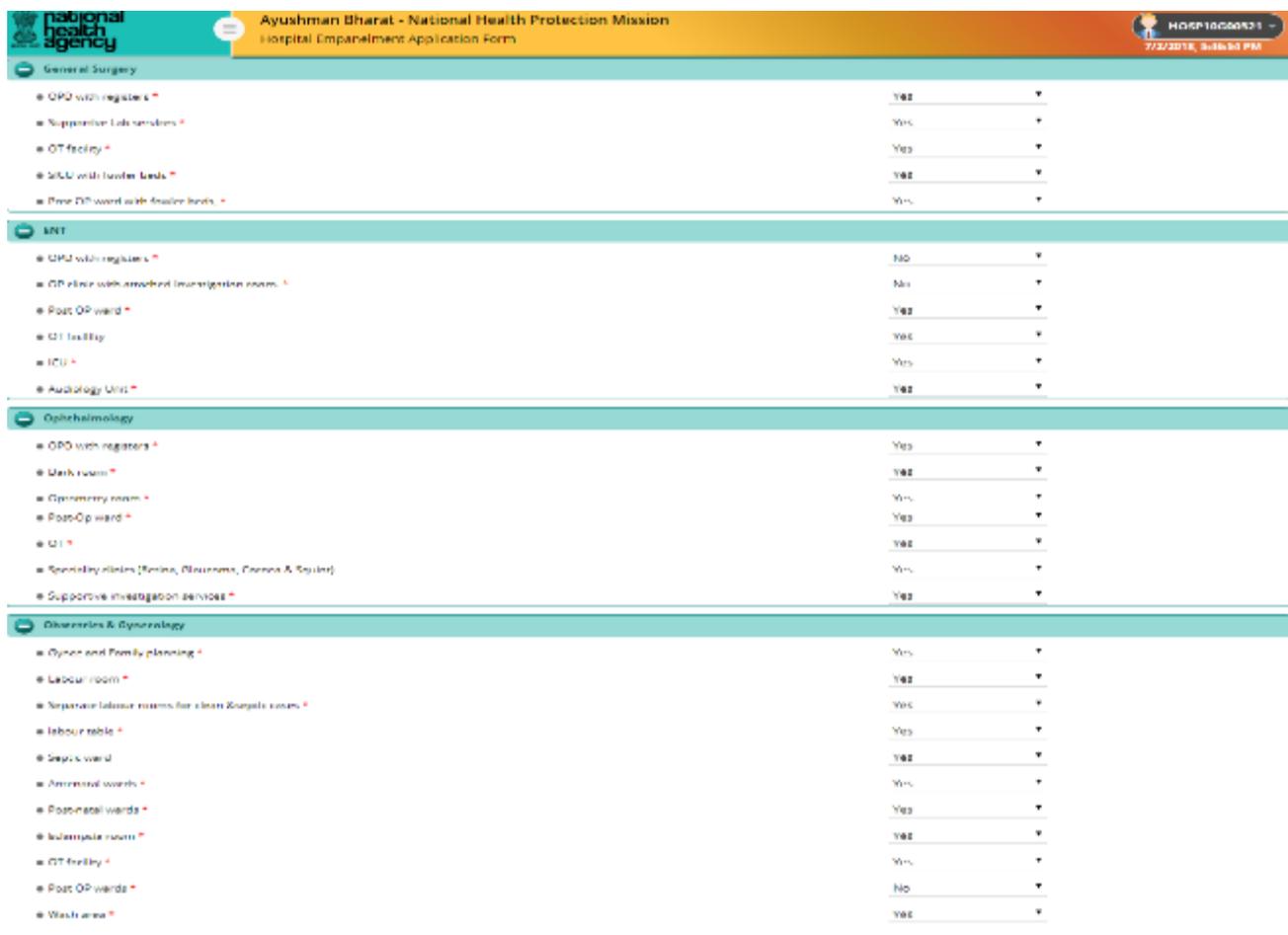
SAVE
CHECK ELIGIBILITY
NEXT

Screen shot 27

Hospital Empanelment Module - User Manual

Step 11.1: fill all mandatory details under Civil Infrastructure Tab and click on “SAVE” button (as shown in Screen shot 28)

11.1.1)



The screenshot displays the 'Hospital Empanelment Application Form' for the Ayushman Bharat - National Health Protection Mission. The form is organized into several sections, each with a list of infrastructure-related questions and dropdown menus for responses.

Section	Question	Response
General Surgery	OPD with registers	Yes
	Supervision Lab services	Yes
	OT facility	Yes
	ICU with transfer beds	Yes
	Post OP ward with transfer beds	Yes
ENT	OPD with registers	No
	OP clinic with attached investigation room	No
	Post OP ward	Yes
	OT facility	Yes
	ICU	Yes
	Audiology Unit	Yes
Ophthalmology	OPD with registers	Yes
	Dark room	Yes
	Emergency room	Yes
	Post-Op ward	Yes
	OT	Yes
	Speciality clinics (Kerata, Glaucoma, Cataract & Squint)	Yes
Gynaecology & Gynecology	Supportive investigation services	Yes
	Gynec and Family planning	Yes
	Labour room	Yes
	Separate labour rooms for clean Surgical cases	Yes
	Labour table	Yes
	Septic ward	Yes
	Antenatal wards	Yes
	Postnatal wards	Yes
	Isolation room	Yes
	OT facility	Yes
Post OP wards	No	
Wash area	Yes	

Hospital Empanelment Module - User Manual

11.1.2)

Orthopaedics	
OPD with registers *	...Select... ▼
Plaster room with bed and mattress)	...Select... ▼
OT facility *	...Select... ▼
Post operative ward *	...Select... ▼
ICU *	...Select... ▼
Physiotherapy *	...Select... ▼
Occupational therapy facilities	...Select... ▼
Clinical lab support *	...Select... ▼
Radiology and imaging facility *	...Select... ▼

Pediatrics	
IP wards *	...Select... ▼
PICU	...Select... ▼
NICU	...Select... ▼
HCU	...Select... ▼
Mother room & Feeding area	...Select... ▼
Support Lab facilities *	...Select... ▼

General Medicine	
OPD with registers and equipment as per the general requirements	...Select... ▼
Supportive Lab services *	...Select... ▼
ICU with fewer beds	...Select... ▼
Inpatient ward *	...Select... ▼
HCU	...Select... ▼

Dental Surgery	
Reception	...Select... ▼
Waiting room	...Select... ▼
Operating area with x-ray and dental chairs *	...Select... ▼
Ceramic lab, acrylic lab	...Select... ▼
Inpatient facility	...Select... ▼
Pathology lab	...Select... ▼
Pharmacy	...Select... ▼
Wash area *	...Select... ▼

Hospital Empanelment Module - User Manual

11.1.3)

Chest diseases and respiratory medicine (Pulmonology)	
■ ICU with ventilator support *	---Select--- ▼
■ OT support with ventilator *	---Select--- ▼
■ Support lab facilities *	---Select--- ▼
Psychiatry	
■ Out Patient Seating capacity *	---Select--- ▼
■ Good ventilated Male ward with basic facilities *	---Select--- ▼
■ Good ventilated Female ward with basic facilities *	---Select--- ▼
■ Separate rooms for severely agitated and violent patients *	---Select--- ▼
■ Recreation facilities with a television and News papers for IP & Inpatients	---Select--- ▼
■ For Inpatients Separate relaxation room with indoor game facilities	---Select--- ▼
Radiation Oncology	
■ OT facility *	---Select--- ▼
■ Post-operative ward *	---Select--- ▼
■ ICU *	---Select--- ▼
■ Clinical lab support *	---Select--- ▼
■ Radiology and imaging facility *	---Select--- ▼
Cardio Thoracic Surgery	
■ Intensive Coronary care units *	---Select--- ▼
■ Acute medical care units *	---Select--- ▼
■ OT facility, full-fledged clinical laboratory, well equipped operation theatres of high aseptic conditions *	---Select--- ▼
■ Blood bank facilities *	---Select--- ▼
■ Nursing station *	---Select--- ▼
■ CT - ICU	---Select--- ▼
Paediatric Surgery	
■ OT facility *	---Select--- ▼
■ NICU *	---Select--- ▼
■ PICU *	---Select--- ▼
■ SICU *	---Select--- ▼
■ Post-operative ward *	---Select--- ▼
■ Lab facility *	---Select--- ▼
■ Mother room & Feeding area	---Select--- ▼
■ Radiological/fluoroscopy services (including IIV) *	---Select--- ▼

Hospital Empanelment Module - User Manual

11.1.4)

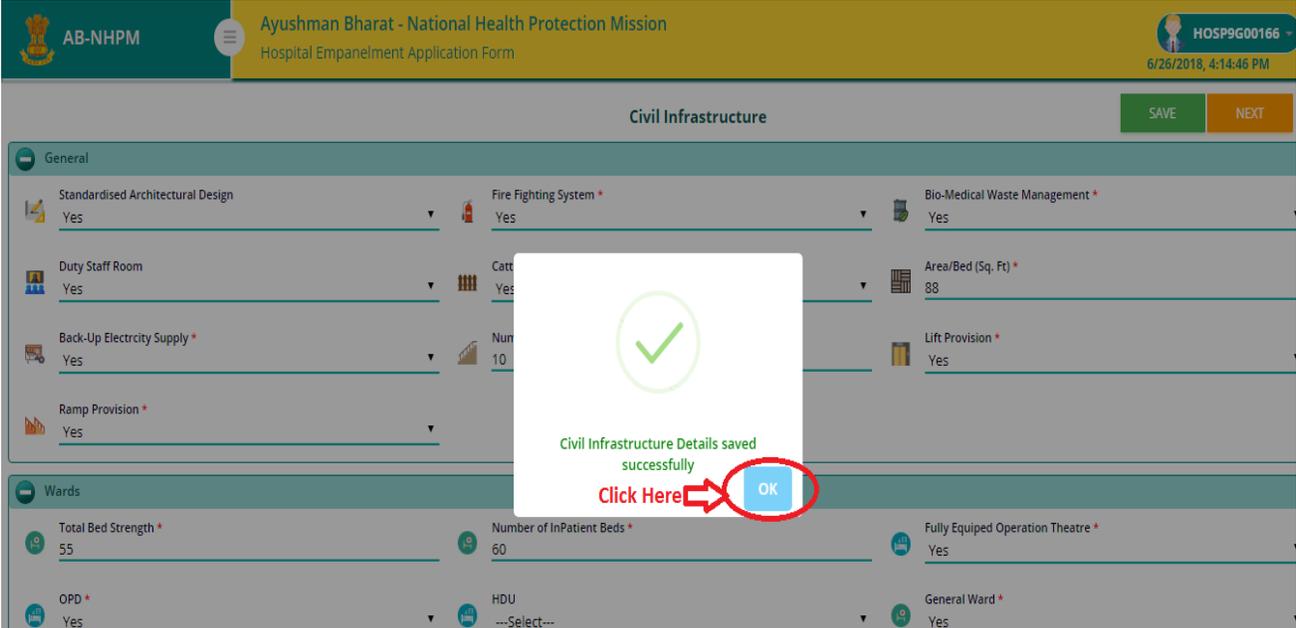
Neurology	
● DT facility *	---Select--- ▼
● Neuro ICUs *	---Select--- ▼
● Clinical Lab support *	---Select--- ▼
● Radiology and Imaging support *	---Select--- ▼
● CT & MRI facilities *	---Select--- ▼
● Nursing Station *	---Select--- ▼
● OPD with registers *	---Select--- ▼
● Supportive Lab services including advanced investigations *	---Select--- ▼
● Post-Op wards / SICU *	---Select--- ▼
Medical Oncology	
● DT facility *	---Select--- ▼
● ICU *	---Select--- ▼
● Clinical lab support *	---Select--- ▼
● Pain & palliative section	---Select--- ▼
● Chemotherapy bay	---Select--- ▼
Neonatology	
● DT facility *	---Select--- ▼
● NICU *	---Select--- ▼
● PICU *	---Select--- ▼
● SICU *	---Select--- ▼
● Radiology and Imaging facility *	---Select--- ▼
● Clinical lab support *	---Select--- ▼
● Post operative ward *	---Select--- ▼
● Wash area *	---Select--- ▼
● Nursing station *	---Select--- ▼
Polytrauma	
● OPD with registers *	---Select--- ▼
● Plaster room *	---Select--- ▼
● DT facility *	---Select--- ▼
● Post operative ward and ICU *	---Select--- ▼
● Physiotherapy *	---Select--- ▼
● Occupational therapy facilities	---Select--- ▼

SAVE
CHECK ELIGIBILITY
NEXT

Screen shot 28

Hospital Empanelment Module - User Manual

Step 11.2: After Clicking on “SAVE” button alert will be displayed as “Civil Infrastructure details saved successfully” and we need to click on “OK” button to proceed further (as shown in screenshot 29).



The screenshot displays the 'Civil Infrastructure' section of the 'Hospital Empanelment Application Form'. The form is titled 'Ayushman Bharat - National Health Protection Mission' and 'Hospital Empanelment Application Form'. The user ID is 'HOSP9G00166' and the date/time is '6/26/2018, 4:14:46 PM'. The form is divided into 'General' and 'Wards' sections. The 'General' section includes fields for 'Standardised Architectural Design', 'Duty Staff Room', 'Back-Up Electricity Supply', 'Ramp Provision', 'Fire Fighting System', 'Catt', 'Bio-Medical Waste Management', 'Area/Bed (Sq. Ft)', and 'Lift Provision'. The 'Wards' section includes fields for 'Total Bed Strength', 'OPD', 'Number of InPatient Beds', 'HDU', 'Fully Equiped Operation Theatre', and 'General Ward'. A success alert is displayed in the center of the screen, stating 'Civil Infrastructure Details saved successfully'. The alert has a green checkmark icon and an 'OK' button. A red arrow points to the 'OK' button, and the text 'Click Here' is written next to it. The 'SAVE' and 'NEXT' buttons are visible at the top right of the form.

Screen shot 29

Hospital Empanelment Module - User Manual

Step 11.3: After accepting alert message next step is to check eligibility criteria .Now click on “CHECK ELIGIBILITY” button (as shown in screenshot 30).

Wards		
Total Bed Strength * 55	Number of Inpatient Beds * 50	Fully Equipped Operation Theatre * Yes
OPD * Yes	HDU * ---Select---	General Ward * Yes
Existence of ICU with AC Yes	Casualty * Yes	Labour Room * Yes
Facilities		
Blood Bank * Yes	CSSD * ---Select---	Diet and Kitchen Facility * ---Select---
Linens and Laundry * ---Select---	Stores * ---Select---	Medical Records Department * ---Select---
Ambulatory Service and Telecom * ---Select---	Patient Attendant Facility * ---Select---	
Diagnostic Services		
Diagnostic Centre- Radiology (Basic) * ---Select---	Diagnostic Centre- Radiology (Advanced) * ---Select---	Diagnostic Centre- Clinical Lab and Diagnostics * ---Select---
Fully Equipped Operation Theatre		
<ul style="list-style-type: none"> Walls should be covered with tiles/ anti-bacterial/ microbial paint Availability of separate OTs for septic and aseptic cases * Availability of Pre-operative waiting room with toilet facilities * Availability of well equipped post-operative ward (Recovery room) with ventilator, beds and resuscitation measures * Separate changing rooms for medical & para-medical staff * Dedicated scrub area * 	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes Yes Yes Yes	▼ ▼ ▼ ▼ ▼
OPD		
<ul style="list-style-type: none"> Waiting room for patients and relatives * Registration counter * Doctor/ Consultant rooms * Dressing room Injection room * Pharmacy window * Plaster room * Separate stand for staff/public vehicles Sanitary fittings * 	Yes Yes Yes No Yes Yes No ---Select--- No	▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼
General Ward		
<ul style="list-style-type: none"> Number of General Ward Beds dado height of wards(in Meters) Availability of Potable water * Toilet * Wash basin * Baths Bed pan washing sinks * 	<input type="text"/> <input type="text"/> <input checked="" type="checkbox"/> Yes Yes Yes Yes	▼ ▼ ▼ ▼ ▼ ▼ ▼
Blood Bank		
<ul style="list-style-type: none"> Availability of infrastructure as per the licensing authority * 	Yes	▼
Casualty		
<ul style="list-style-type: none"> Emergency ward with adequate number of beds and toilets facilities * Boards displayed regarding management of snake bite, common poisoning, Anaphylactic reaction, Cardio respiratory arrest etc. Retiring room for MO with attached toilet lockers Treatment room cum minor operation theatre Storage of sufficient stock of essential and life saving drugs * 	Yes ---Select--- ---Select--- ---Select--- Yes	▼ ▼ ▼ ▼ ▼
Labour Room		
<ul style="list-style-type: none"> Separate labour room * Attached toilet * Well equipped premature baby unit with minimum 6 beds * Labour Room - Number of Beds * 	Yes Yes Yes 12	▼ ▼ ▼ ▼
ENT		
<ul style="list-style-type: none"> OPD with registers * OP clinic with attached Investigation room. * Post OP ward * OT facility ICU * Audiology Unit * 	Yes Yes Yes Yes Yes Yes	▼ ▼ ▼ ▼ ▼ ▼

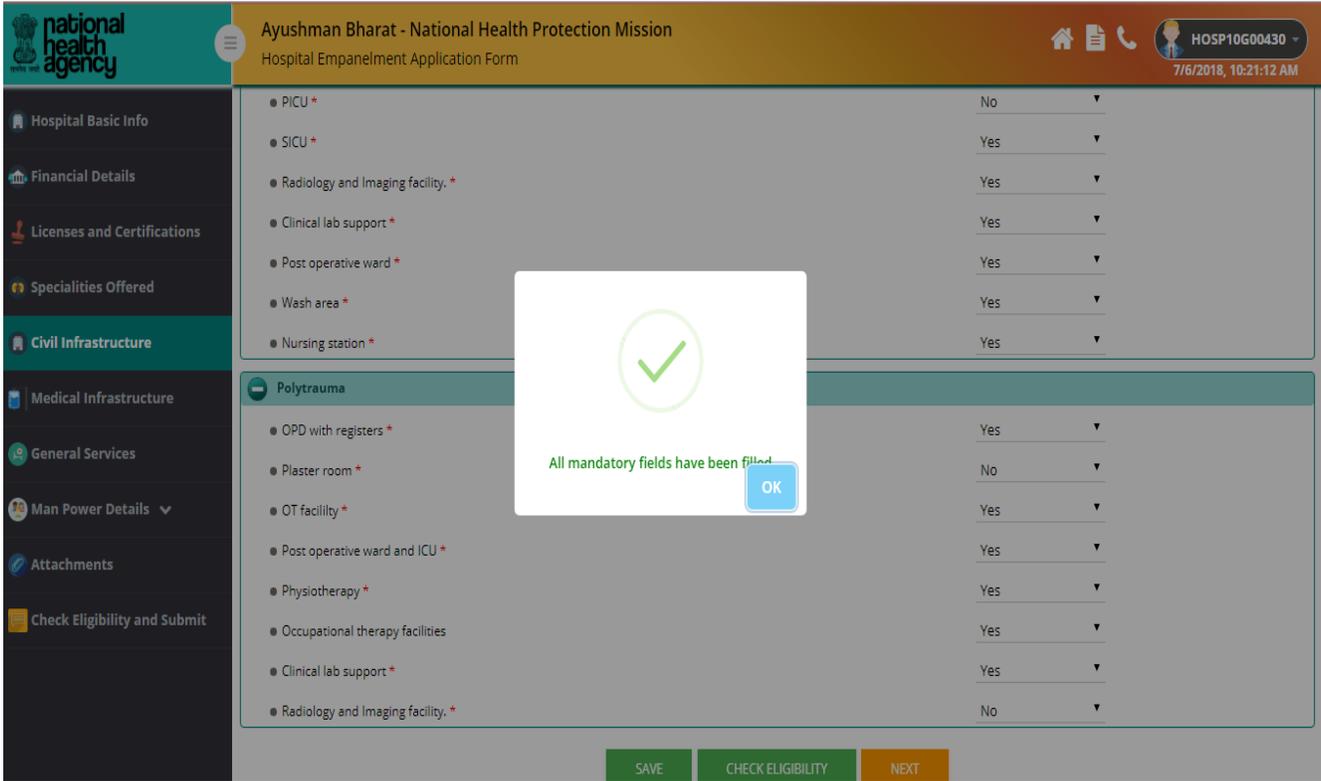
SAVE CHECK ELIGIBILITY NEXT

Screen shot 30

स्वस्थ आपका, साथ हमारा

Hospital Empanelment Module - User Manual

Step 11.4: After clicking on “check eligibility” button alert will be displayed as “Eligibility Criteria Met” and we need to click on “OK” button for further flow (as shown in screenshot 31).



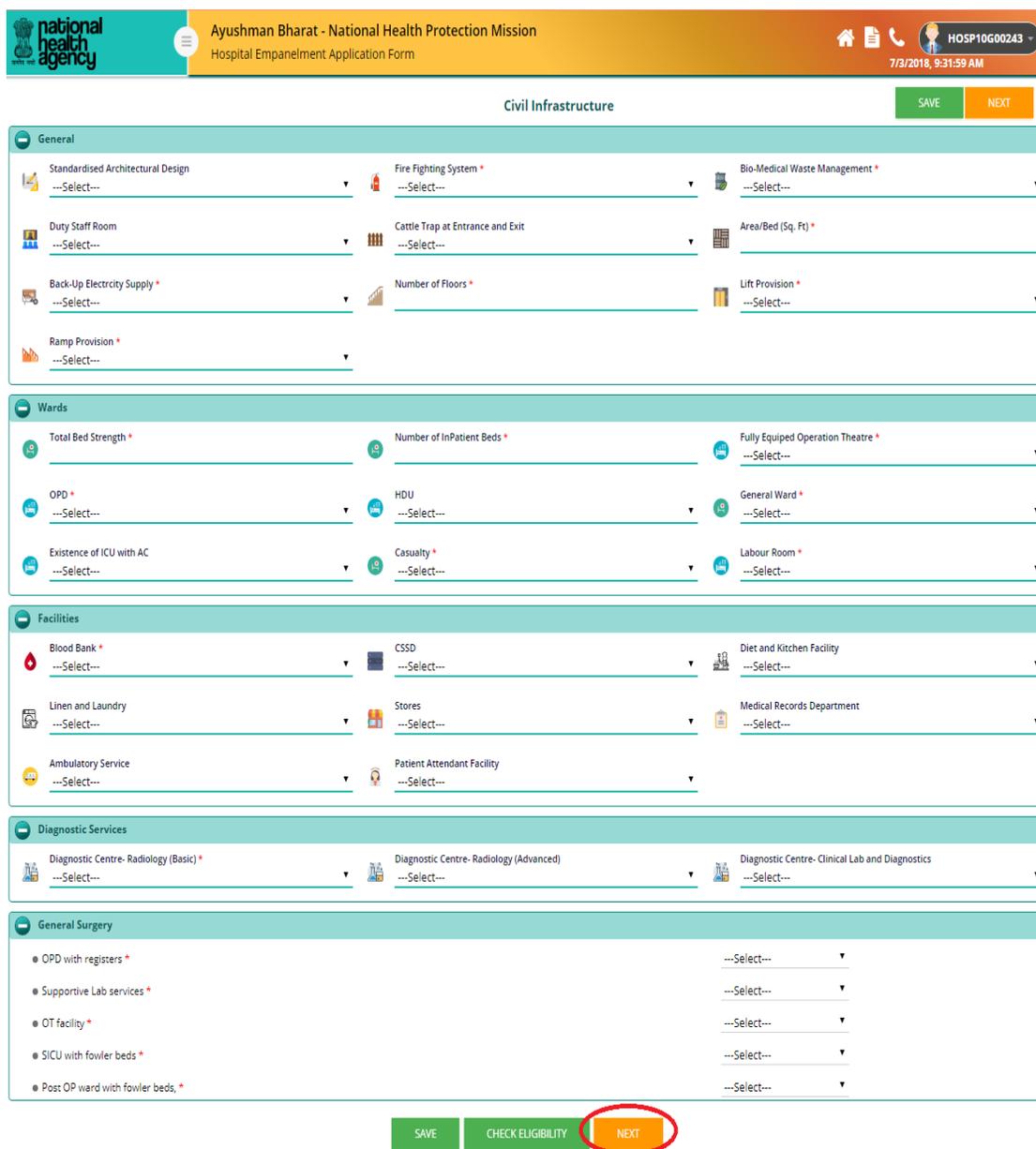
The screenshot displays the 'Hospital Empanelment Application Form' interface. The top navigation bar includes the National Health Agency logo, the mission name 'Ayushman Bharat - National Health Protection Mission', and the user ID 'HOSP10G00430' with a timestamp of '7/6/2018, 10:21:12 AM'. The left sidebar lists various form sections: Hospital Basic Info, Financial Details, Licenses and Certifications, Specialities Offered, Civil Infrastructure, Medical Infrastructure, General Services, Man Power Details, Attachments, and Check Eligibility and Submit. The main content area shows a list of eligibility criteria with dropdown menus for 'Yes' or 'No'. A central modal window with a green checkmark icon and the text 'All mandatory fields have been filled.' is overlaid on the form, with an 'OK' button at the bottom right. At the bottom of the form, there are three buttons: 'SAVE', 'CHECK ELIGIBILITY', and 'NEXT'.

Criteria	Response
● PICU *	No
● SICU *	Yes
● Radiology and Imaging facility. *	Yes
● Clinical lab support *	Yes
● Post operative ward *	Yes
● Wash area *	Yes
● Nursing station *	Yes
Polytrauma	
● OPD with registers *	Yes
● Plaster room *	No
● OT facility *	Yes
● Post operative ward and ICU *	Yes
● Physiotherapy *	Yes
● Occupational therapy facilities	Yes
● Clinical lab support *	Yes
● Radiology and Imaging facility. *	No

Screen shot 31

Hospital Empanelment Module - User Manual

Step 11.5: After accepting alert next step is to click on “NEXT” button to proceed further (as shown in screenshot 32).



Ayushman Bharat - National Health Protection Mission
Hospital Empanelment Application Form

7/3/2018, 9:31:59 AM

Civil Infrastructure [SAVE] [NEXT]

General

- Standardised Architectural Design ---Select---
- Fire Fighting System * ---Select---
- Bio-Medical Waste Management * ---Select---
- Duty Staff Room ---Select---
- Cattle Trap at Entrance and Exit ---Select---
- Area/Bed (Sq. Ft) * ---Select---
- Back-Up Electricity Supply * ---Select---
- Number of Floors * ---Select---
- Lift Provision * ---Select---
- Ramp Provision * ---Select---

Wards

- Total Bed Strength * ---Select---
- Number of InPatient Beds * ---Select---
- Fully Equiped Operation Theatre * ---Select---
- OPD * ---Select---
- HDU ---Select---
- General Ward * ---Select---
- Existence of ICU with AC ---Select---
- Casualty * ---Select---
- Labour Room * ---Select---

Facilities

- Blood Bank * ---Select---
- CSSD ---Select---
- Diet and Kitchen Facility ---Select---
- Linen and Laundry ---Select---
- Stores ---Select---
- Medical Records Department ---Select---
- Ambulatory Service ---Select---
- Patient Attendant Facility ---Select---

Diagnostic Services

- Diagnostic Centre- Radiology (Basic) * ---Select---
- Diagnostic Centre- Radiology (Advanced) ---Select---
- Diagnostic Centre- Clinical Lab and Diagnostics ---Select---

General Surgery

- OPD with registers * ---Select---
- Supportive Lab services * ---Select---
- OT facility * ---Select---
- SICU with fowler beds * ---Select---
- Post-OP ward with fowler beds, * ---Select---

[SAVE] [CHECK ELIGIBILITY] [NEXT]

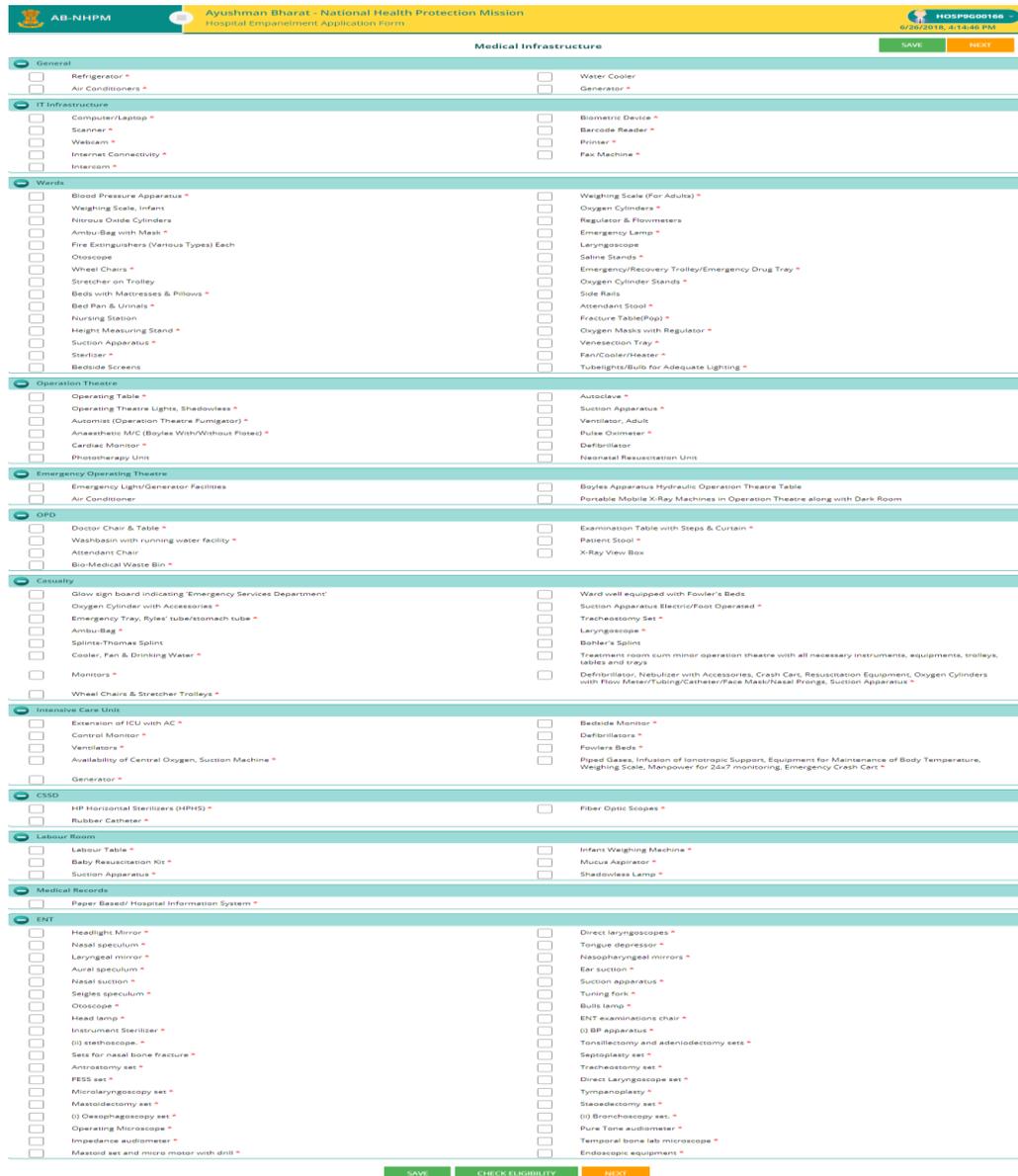
Screen shot 32

स्वस्थ्य आपका, साथ हमारा

Hospital Empanelment Module - User Manual

Step 12: Medical infrastructure Tab-Fill all mandatory details under Medical infrastructure tab (as shown in screenshot 33).

Note: If ONLY “General Medicine” Specialty is selected in Specialties Offered, then Operation Theatre, ICU and Casualty don't become mandatory.



Medical Infrastructure

General

- Refrigerator *
- Air Conditioners *
- Water Cooler *
- Generator *

IT Infrastructure

- Computer/Laptop *
- Scanner *
- Webcam *
- Internet Connectivity *
- Intercom *
- Biometric Device *
- Barcode Reader *
- Printer *
- Fax Machine *

Wards

- Blood Pressure Apparatus *
- Weighing Scale, Infant *
- Nitrous Oxide Cylinders *
- Ambu-Bag with Mask *
- Fire Extinguishers (Various Types) Each *
- Otoloscope *
- Wheel Chairs *
- Stretcher on Trolley *
- Beds with Mattresses & Pillows *
- Bed Pan & Urinals *
- Nursing Station *
- Height Measuring Stand *
- Suction Apparatus *
- Stethoscope *
- Bedside Screens *
- Weighing Scale (For Adults) *
- Oxygen Cylinders *
- Regulator & Flowmeters *
- Emergency Lamp *
- Laryngoscope *
- Saline Stands *
- Emergency/Recovery Trolley/Emergency Drug Tray *
- Oxygen Cylinder Stands *
- Side Rails *
- Attendant Stool *
- Fracture Table(Pop) *
- Oxygen Masks with Regulator *
- Venesection Tray *
- Pac/Cooler/Heater *
- Tubelights/Bulb for Adequate Lighting *

Operation Theatre

- Operating Table *
- Operating Theatre Lights, Shadeless *
- Autoclave *
- Suction Apparatus *
- Autoclave *
- Suction Apparatus Electric/Foot Operated *
- Ventillator, Adult *
- Rubes/Quarmer *
- Defibrillator *
- Neonatal Resuscitation Unit *
- Anesthetic S/C (Boyle's With/Without Flies) *
- Cardiac Monitor *
- Phototherapy Unit *
- Boyle's Apparatus Hydraulic Operation Theatre Table *
- Portable Mobile X-Ray Machines in Operation Theatre along with Dark Room *

Emergency Operating Theatre

- Emergency Light/Generator Facilities *
- Air Conditioner *

OPD

- Doctor Chair & Table *
- Washbasin with running water facility *
- Attendant Chair *
- Bio-Medical Waste Bin *
- Examination Table with Steps & Curtain *
- Patient Stool *
- X-Ray View Box *

Casualty

- Glow sign board indicating Emergency Services Department *
- Oxygen Cylinder with Accessories *
- Emergency Tray, Ryles' tube/stomach tube *
- Ambu-Bag *
- Splints-Thomas Splint *
- Caster, Fan & Drinking Water *
- Monitors *
- Wheel Chairs & Stretcher Trolleys *
- Ward well equipped with Fowler's Bed *
- Suction Apparatus Electric/Foot Operated *
- Tracheostomy Set *
- Laryngoscope *
- Bahler's Splint *
- Treatment room cum minor operation theatre with all necessary instruments, equipments, trolleys, tables and trays *
- Defibrillator, Nebulizer with Accessories, Crash Cart, Resuscitation Equipment, Oxygen Cylinders with Flow Meter/Tubing/Catheter/Face Mask/Nasal Prongs, Suction Apparatus *

Intensive Care Unit

- Extension of ICU with AC *
- Control Monitor *
- Ventilator *
- Availability of Central Oxygen, Suction Machine *
- Generator *
- Bedside Monitor *
- Defibrillator *
- Fowler's Bed *
- Piped Gases, Infusion of Isotonic Support, Equipment for Maintenance of Body Temperature, Weighing Scale, Manpower for 24x7 monitoring, Emergency Crash Cart *

CSSD

- HP Horizontal Sterilizers (HPHS) *
- Rubber Catheter *
- Fiber Optic Scopes *

Labour Room

- Labour Table *
- Baby Resuscitation Kit *
- Suction Apparatus *
- Infant Weighing Machine *
- Mucosa Aspirator *
- Shadeless Lamp *

Medical Records

- Paper Based/ Hospital Information System *

ENT

- Headlight Mirror *
- Nasal speculum *
- Laryngeal mirror *
- Aural speculum *
- Nasal suction *
- Seigles speculum *
- Otoloscope *
- Head lamp *
- Instrument Sterilizer *
- (I) Stethoscope, *
- Sets for nasal bone fracture *
- Antrostomy set *
- FESS set *
- MicroLaryngoscopy set *
- Mastoidectomy set *
- (I) Oesophagoscopy set *
- Operating Microscope *
- Impedance audiometer *
- Mastoid set and micro motor with drill *
- Direct laryngoscopes *
- Tongue depressor *
- Nasopharyngeal mirrors *
- Ear suction *
- Suction apparatus *
- Tuning fork *
- Bulbs lamp *
- ENT examinations chair *
- (I) BP apparatus *
- Tonsillectomy and adenoidectomy sets *
- Septoplasty set *
- Tracheostomy set *
- Direct Laryngoscope set *
- Tympanoplasty *
- Stapedectomy set *
- (I) Bronchoscopy set, *
- Pure Tone audiometer *
- Temporal bone lab microscope *
- Endoscopic equipment *

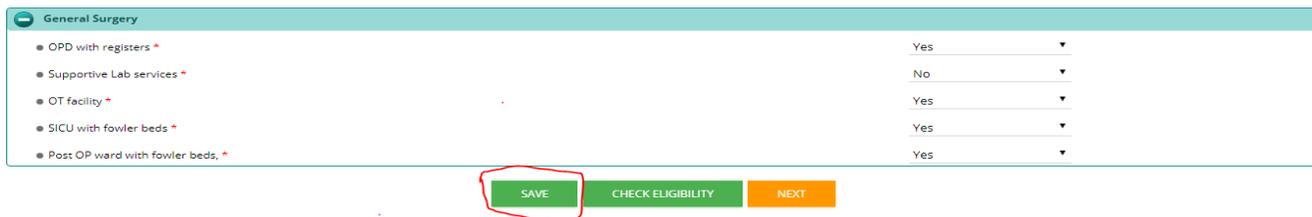
SAVE **CHECK ELIGIBILITY** **NEXT**

Screen shot 33

स्वस्थ आपका, साथ हमारा

Hospital Empanelment Module - User Manual

Step 12.1: Fill all mandatory details and click on “SAVE” button for further flow (as shown in screen shot 34)



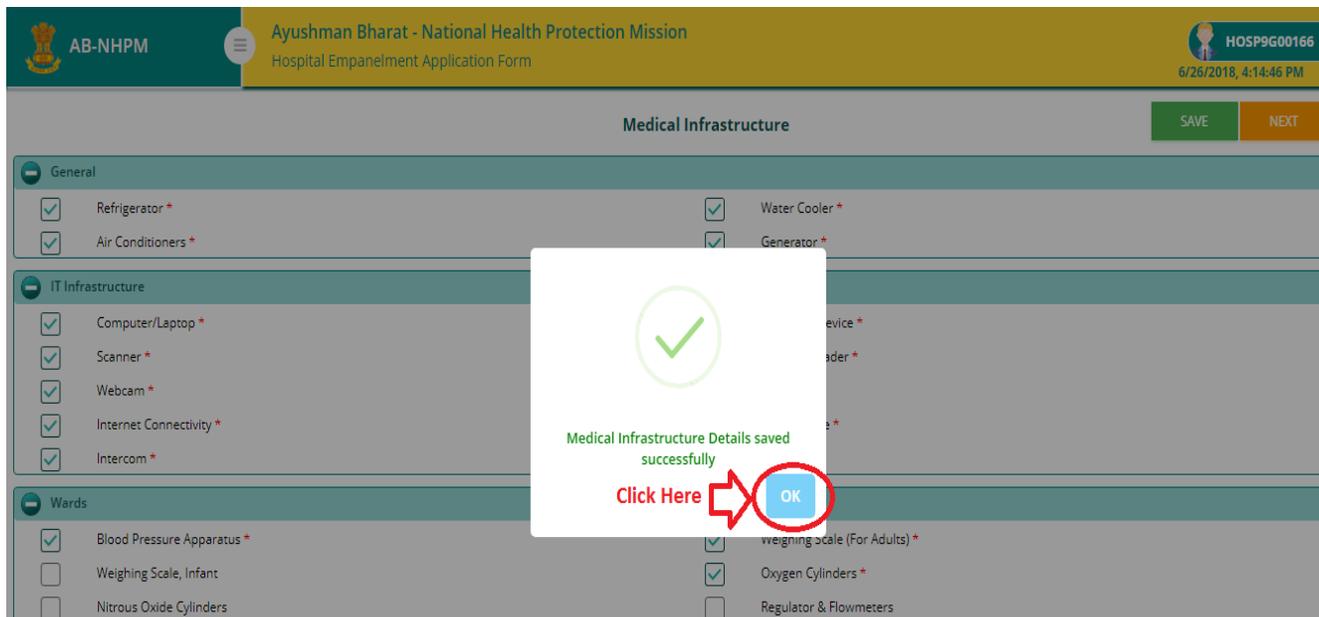
General Surgery

- OPD with registers * Yes
- Supportive Lab services * No
- OT facility * Yes
- SICU with fowler beds * Yes
- Post OP ward with fowler beds, * Yes

SAVE CHECK ELIGIBILITY NEXT

Screen shot 34

Step 12.2: After clicking on “SAVE” button alert will be displayed as “Medical Infrastructure details saved successfully” and we need to click on “OK” button for further flow of empanelment. (As shown in screenshot 35).



AB-NHPM Ayushman Bharat - National Health Protection Mission Hospital Empanelment Application Form HOSP9G00166 6/26/2018, 4:14:46 PM

Medical Infrastructure **SAVE** **NEXT**

General

- Refrigerator *
- Air Conditioners *
- Water Cooler *
- Generator *

IT Infrastructure

- Computer/Laptop *
- Scanner *
- Webcam *
- Internet Connectivity *
- Intercom *

Wards

- Blood Pressure Apparatus *
- Weighing Scale, Infant
- Nitrous Oxide Cylinders
- Weighing Scale (For Adults) *
- Oxygen Cylinders *
- Regulator & Flowmeters

Medical Infrastructure Details saved successfully

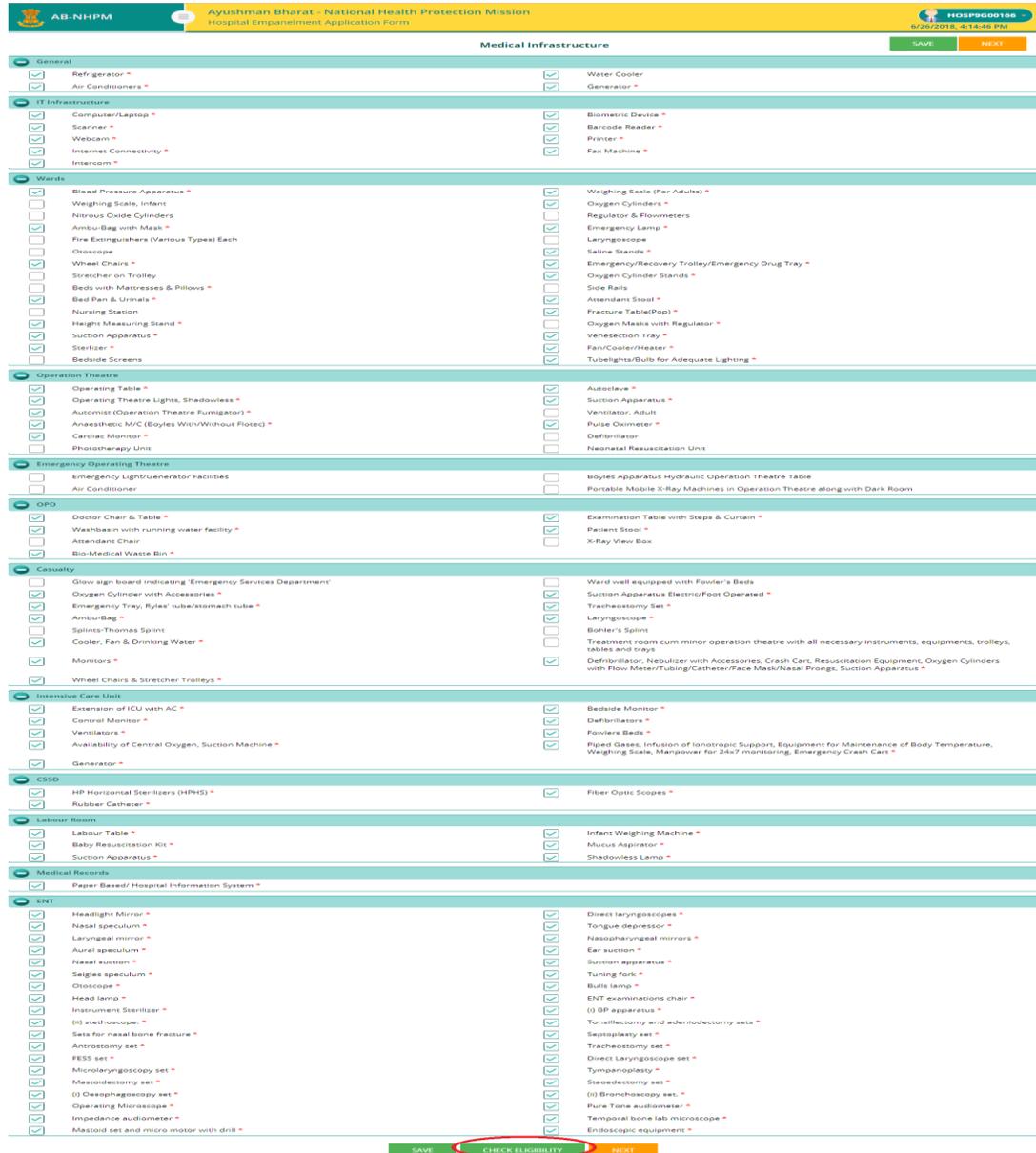
Click Here **OK**

Screen shot 35

स्वस्थ आपका, साथ हमारा

Hospital Empanelment Module - User Manual

Step 12.3: After accepting alert message next step is to check eligibility criteria. Now we need to click on “CHECK ELIGIBILITY” button. (As shown in screenshot 36).



The screenshot displays the 'Medical Infrastructure' section of the application form. It is organized into several categories, each with a list of items and checkboxes for selection:

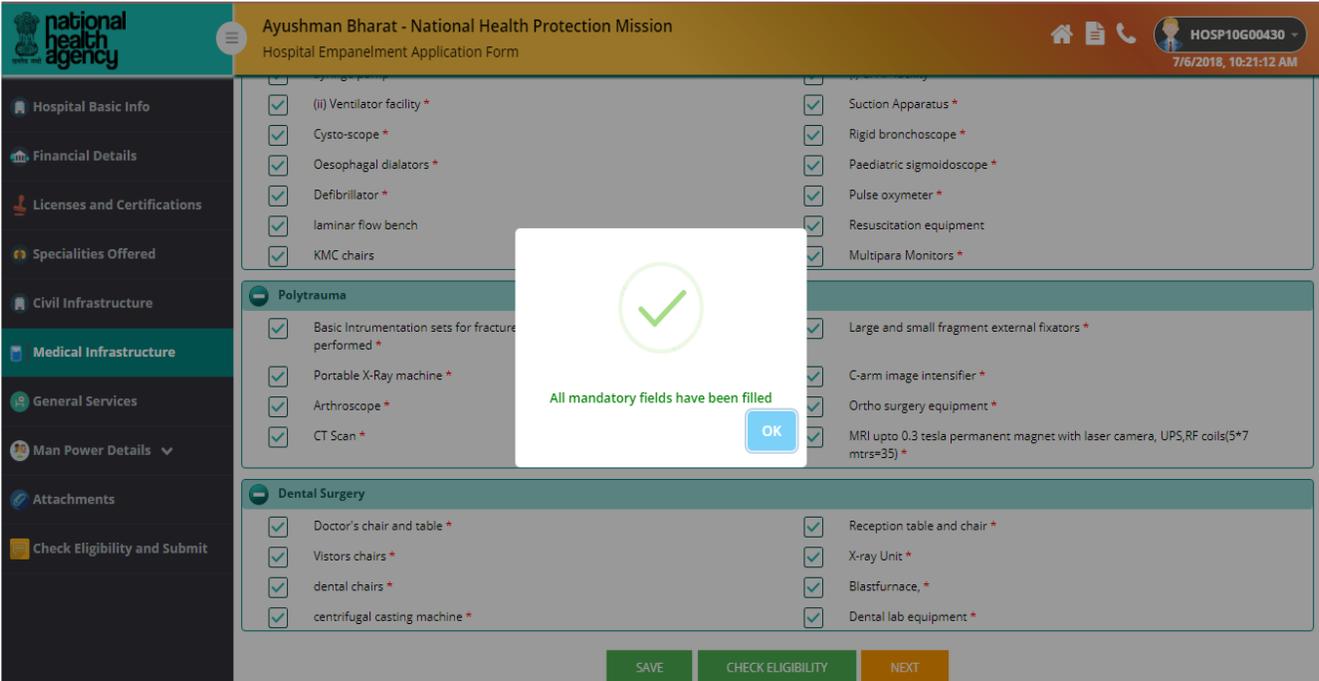
- General:** Refrigerator, Air Conditioners, Water Cooler, Generator.
- IT Infrastructure:** Computer/Laptop, Scanner, Webcam, Internet Connectivity, Intercom, Biometric Device, Barcode Reader, Printer, Fax Machine.
- Wards:** Blood Pressure Apparatus, Weighing Scale (Infant), Nitrous Oxide Cylinders, Ambu-Bag with Mask, Fire Extinguishers (Various Types) Each, Otoscope, Wheel Chair, Stretcher on Trolley, Beds with Mattresses & Pillows, Bed Pan & Urinals, Nursing Station, Height Measuring Stand, Suction Apparatus, Sterilizer, Bedside Screens, Weighing Scale (For Adults), Oxygen Cylinders, Regulator & Flowmeters, Emergency Lamp, Laryngoscope, Saline Stands, Emergency/Recovery Trolley/Emergency Drug Tray, Oxygen Cylinder Stands, Side Rails, Attendant Stool, Fracture Table(Pop), Oxygen Mask with Regulator, Venesection Tray, Fan/Cooler/Heater, Tubelights/Bulb for Adequate Lighting.
- Operation Theatre:** Operating Table, Operating Theatre Lights, Shadowless, Automist (Operation Theatre Fumigator), Anaesthetic M/C (Boyles With/Without Floted), Cardiac Monitor, Physiotherapy Unit, Autoclave, Suction Apparatus, Ventilator, Adult, Pulse Oximeter, Defibrillator, Neonatal Resuscitation Unit.
- Emergency Operating Theatre:** Emergency Light/Generator Facilities, Air Conditioner, Boyles Apparatus Hydraulic Operation Theatre Table, Portable Mobile X-Ray Machines in Operation Theatre along with Dark Room.
- OPD:** Doctor Chair & Table, Washbasin with running water facility, Attendant Chair, Bio-Medical Waste Bin, Examination Table with Steps & Curtain, Patient Stool, X-Ray View Box.
- Clinical:** Glow sign board indicating Emergency Services Department, Oxygen Cylinder with Accessories, Emergency Tray, Ryles' tube/stomach tube, Ambu-Bag, Splints/Thomas Splint, Cooler, Fan & Drinking Water, Monitors, Wheel Chairs & Stretcher Trolleys, Ward well equipped with Fowler's Beds, Suction Apparatus Electric/Foot Operated, Tracheostomy Set, Laryngoscope, Bohler's Splint, Treatment room cum minor operation theatre with all necessary instruments, equipments, trolleys, tables and trays, Defibrillator, Resuscitator with Accessories, Crash Cart, Resuscitation Equipment, Oxygen Cylinders with Flow Meter/Tubing/Catheter/Face Mask/Nasal Prong, Suction Apparatus.
- Intensive Care Unit:** Extension of ICU with AC, Control Monitor, Ventilators, Availability of Central Oxygen, Suction Machine, Generator, Bedside Monitor, Defibrillator, Fowler's Beds, Piped Gases, Infusion of Inotropic Support, Equipment for Maintenance of Body Temperature, Weighing Scale, Mangover for 24x7 monitoring, Emergency Crash Cart.
- CSSD:** HP Horizontal Sterilizers (HPHS), Rubber Catheter, Fiber Optic Scopes.
- Labour Room:** Labour Table, Baby Resuscitation Kit, Suction Apparatus, Infant Weighing Machine, Mucus Aspirator, Shadowless Lamp.
- Medical Records:** Paper Based/ Hospital Information System.
- ENT:** Headlight Mirror, Nasal speculum, Laryngeal mirror, Aural speculum, Nasal suction, Siglees speculum, Otoscope, Head lamp, Instrument Sterilizer, (i) stethoscope, Sets for nasal bone fracture, Antrostomy set, FESS set, Micro-laryngoscopy set, Mastoidectomy set, (i) Oesophagoscopy set, Operating Microsaps, Impedance audiometer, Mastoid set and micro motor with drill, Direct laryngoscopes, Tongue depressor, Nasopharyngeal mirrors, Ear suction, Suction apparatus, Tuning fork, Bulls lamp, ENT examinations chair, (i) BP apparatus, (i) BP apparatus, Tomastomy and adenoidectomy sets, Septoplasty set, Tracheostomy set, Direct Laryngoscope set, Tympanoplasty, Stapedectomy set, (i) Bronchoscopy set, Pure Tone audiometer, Temporal bone lab microscope, Endoscopic equipment.

At the bottom of the form, there are three buttons: 'SAVE', 'CHECK ELIGIBILITY' (highlighted with a red circle), and 'NEXT'.

Screen shot 36

Hospital Empanelment Module - User Manual

Step 12.4: After clicking on “check eligibility” button alert will be displayed as “Eligibility criteria met” and we need to click on “OK” button for further flow of hospital empanelment. (As shown in screenshot 37).

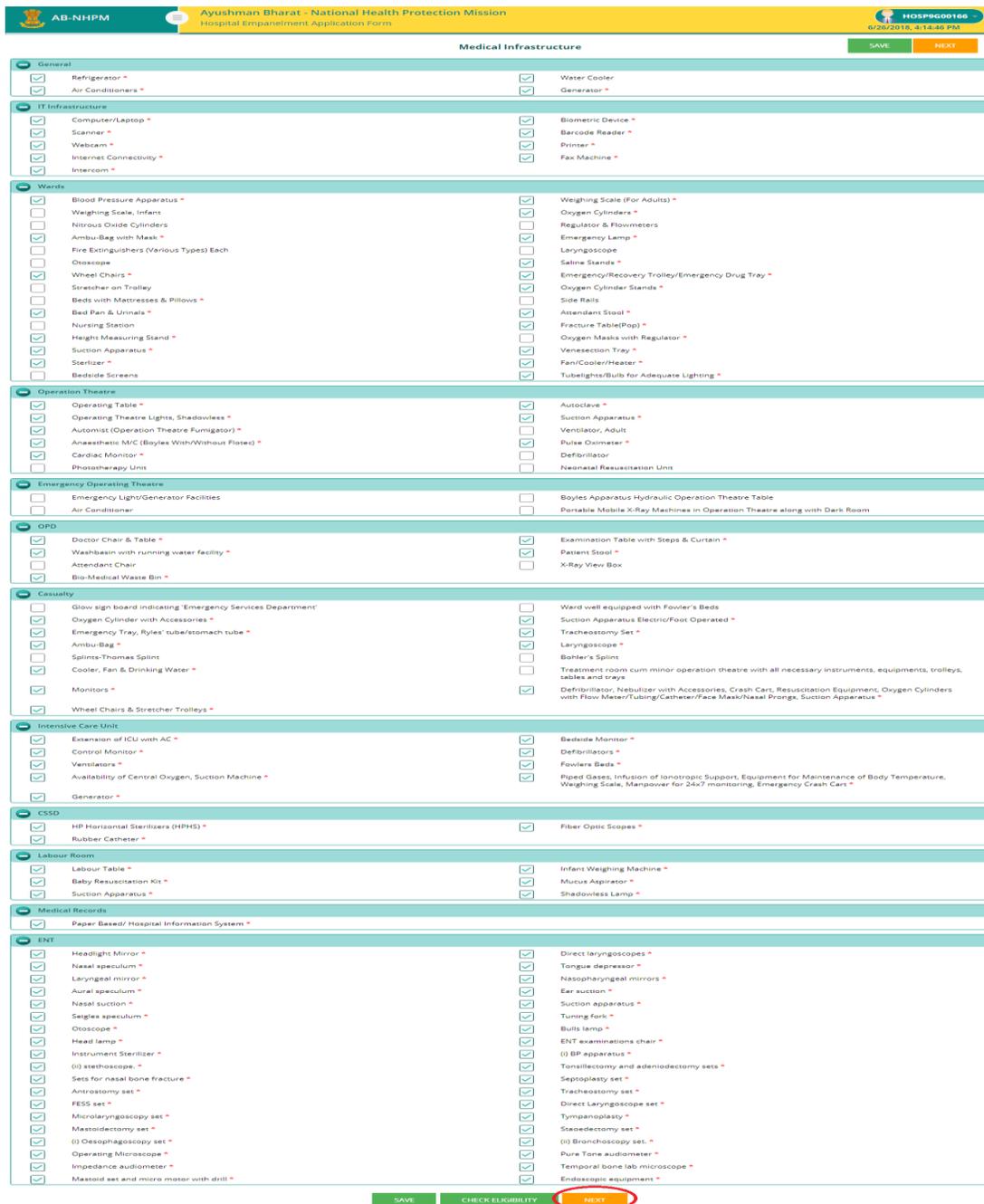


The screenshot displays the 'Hospital Empanelment Application Form' interface. The left sidebar contains navigation options: Hospital Basic Info, Financial Details, Licenses and Certifications, Specialities Offered, Civil Infrastructure, Medical Infrastructure (highlighted), General Services, Man Power Details, Attachments, and Check Eligibility and Submit. The main content area shows a checklist of medical equipment and services, including Ventilator facility, Cysto-scope, Oesophagal dilators, Defibrillator, laminar flow bench, KMC chairs, Suction Apparatus, Rigid bronchoscope, Paediatric sigmoidoscope, Pulse oxymeter, Resuscitation equipment, Multipara Monitors, Polytrauma (Basic Instrumentation sets for fracture performed, Portable X-Ray machine, Arthroscopy, CT Scan), and Dental Surgery (Doctor's chair and table, Visitors chairs, dental chairs, centrifugal casting machine, Reception table and chair, X-ray Unit, Blastfurnace, Dental lab equipment). A central alert box with a green checkmark and the text 'All mandatory fields have been filled' is overlaid on the form, with an 'OK' button. At the bottom, there are 'SAVE', 'CHECK ELIGIBILITY', and 'NEXT' buttons. The top right corner shows the user ID 'HOSP10G00430' and the time '7/6/2018, 10:21:12 AM'.

Screen shot 37

Hospital Empanelment Module - User Manual

Step 12.5: After accepting alert message next step is to click on “NEXT” button for further work flow of hospital empanelment. (As shown in screenshot 38)



AB-NHPM Ayushman Bharat - National Health Protection Mission Hospital Empanelment Application Form **HOSP000166** 8/26/2018, 2:14:46 PM

Medical Infrastructure [SAVE] [NEXT]

- General**
 - Refrigerator *
 - Air Conditioners *
 - Water Cooler
 - Generator *
- IT Infrastructure**
 - Computer/Laptop *
 - Scanner *
 - Webcam *
 - Internet Connectivity *
 - Intercom *
 - Biometric Device *
 - Barcode Reader *
 - Printer *
 - Fax Machine *
- Wards**
 - Blood Pressure Apparatus *
 - Weighing Scale, Infant
 - Nitrous Oxide Cylinders
 - Ambu-Bag with Mask *
 - Fire Extinguishers (Various Types) Each
 - Otoscope
 - Wheel Chairs *
 - Sresshar on Trolley
 - Beds with Mattresses & Pillows *
 - Bed Pan & Urinals *
 - Nursing Station
 - Height Measuring Stand *
 - Suction Apparatus *
 - Sterilizer *
 - Bedside Screens
 - Weighing Scale (For Adults) *
 - Oxygen Cylinders *
 - Regulator & Flowmeters
 - Emergency Lamp *
 - Laryngoscope
 - Saline Stands *
 - Emergency/Recovery Trolley/Emergency Drug Tray *
 - Oxygen Cylinder Stands *
 - Side Rails
 - Attendant Stool *
 - Fracture Table(Pop) *
 - Oxygen Masks with Regulator *
 - Venesection Tray *
 - Fan/Cooler/Heater *
 - Tubelights/Bulb for Adequate Lighting *
- Operation Theatre**
 - Operating Table *
 - Operating Theatre Lights, Shadowless *
 - Automist Operation Theatre Fumigator *
 - Anaesthetic M/C (Boyles With/Without Flated) *
 - Cardiac Monitor *
 - Phototherapy Unit
 - Autoclave *
 - Suction Apparatus *
 - Ventilator, Adult
 - Pulse Oximeter *
 - Defibrillator
 - Neonatal Resuscitation Unit
- Emergency Operating Theatre**
 - Emergency Light/Generator Facilities
 - Air Conditioner
 - Boyles Apparatus Hydraulic Operation Theatre Table
 - Portable Mobile X-Ray Mchmax in Operation Theatre along with Dark Room
- OPD**
 - Doctor Chair & Table *
 - Washbasin with running water facility *
 - Attendant Chair
 - Bio-Medical Waste Bin *
 - Examination Table with Steps & Curtain *
 - Patient Stool *
 - X-Ray View Box
- Casualty**
 - Glow sign board indicating 'Emergency Services Department'
 - Oxygen Cylinder with Accessories *
 - Emergency Tray, Ryle's tube/stomach tube *
 - Ambu-Bag *
 - Splints-Thomas Splint
 - Cooler, Fan & Drinking Water *
 - Monitors *
 - Wheel Chairs & Stretcher Trolleys *
 - Ward well equipped with Fowler's Beds
 - Suction Apparatus Electric/Foot Operated *
 - Tracheostomy Set *
 - Laryngoscope *
 - Bohler's Splint
 - Treatment room cum minor operation theatre with all necessary instruments, equipments, trolleys, tables and trays
 - Defibrillator, Resuscitator with Accessories, Crash Cart, Resuscitation Equipment, Oxygen Cylinders with Flow Meter/Tubing/Catheter/Face Mask/Nasal Prongs, Suction Apparatus *
- Intensive Care Unit**
 - Extension of ICU with AC *
 - Central Monitor *
 - Ventilators *
 - Availability of Central Oxygen, Suction Machine *
 - Generator *
 - Bedside Monitor *
 - Defibrillators *
 - Fowler's Beds *
 - Rigid Gases, Infusion of Isonitropic Support, Equipment for Maintenance of Body Temperature, Weighing Scale, Manpower for 24x7 monitoring, Emergency Crash Cars *
- CSSD**
 - HP Horizontal Sterilizers (HPHS) *
 - Rubber Catheter *
 - Fiber Optic Scopes *
- Labour Room**
 - Labour Table *
 - Baby Resuscitation Kit *
 - Suction Apparatus *
 - Infant Weighing Machine *
 - Mucus Aspirator *
 - Shadowless Lamp *
- Medical Records**
 - Paper Based/ Hospital Information System *
- ENT**
 - Headlight Mirror *
 - Nasal speculum *
 - Laryngeal mirror *
 - Aural speculum *
 - Nasal suction *
 - Seigies speculum *
 - Otoscope *
 - Head lamp *
 - Instrument Sterilizer *
 - (i) stethoscope, *
 - Sets for nasal bone fracture *
 - Antrotomy set *
 - FESS set *
 - Microtaryngoscopy set *
 - Mastoidectomy set *
 - (i) Oesophagoscopy set *
 - Operating Microscope *
 - Impedance audiometer *
 - Mastoid set and micro motor with drill *
 - Direct laryngoscopes *
 - Tongue depressor *
 - Nasopharyngeal mirrors *
 - Ear suction *
 - Suction apparatus *
 - Tuning fork *
 - Bulls lamp *
 - ENT examinations chair *
 - (i) BP apparatus *
 - Tonillectomy and adenoidectomy sets *
 - Septoplasty set *
 - Tracheostomy set *
 - Direct Laryngoscope set *
 - Tympanoplasty *
 - Stapedectomy set *
 - (ii) Bronchoscopy set, *
 - Pure Tone audiometer *
 - Temporal bone lab microscope *
 - Endoscopic equipment *

[SAVE] [CHECK ELIGIBILITY] [NEXT]

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Screen shot 38

Step 13: **General services Tab**-After completing medical infrastructure details of hospital next step is to fill details of General services of hospital. (As shown in screenshot 39).



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Hospital Empanelment Application Form





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General Services

S.No	Check	Facility Details	In-House/Tie-Up	Distance (Km)*	Details
1	<input type="checkbox"/>	Reception And Billing *			
2	<input type="checkbox"/>	Laboratory Services *			
3	<input type="checkbox"/>	Stores			
4	<input type="checkbox"/>	Wards *			
5	<input type="checkbox"/>	Diagnostic Centres - Radiology (Basic) *			
6	<input type="checkbox"/>	Environment, Sanitation And Water Supply			
7	<input type="checkbox"/>	Sterilisation *			
8	<input type="checkbox"/>	Emergency First Aid *			
9	<input type="checkbox"/>	Dental Clinic			
10	<input type="checkbox"/>	Linen And Laundry *			
11	<input type="checkbox"/>	Physiotherapy			
12	<input type="checkbox"/>	Blood Bank *			
13	<input type="checkbox"/>	Patient Attendant Facility *			
14	<input type="checkbox"/>	Diet And Kitchen Facility *			
15	<input type="checkbox"/>	Pharmacy *			
16	<input type="checkbox"/>	Ambulance Services *			
17	<input type="checkbox"/>	Medical Gases And Manifold Room			
18	<input type="checkbox"/>	Power Back-Up *			
19	<input type="checkbox"/>	Air-Condition System			
20	<input type="checkbox"/>	Basic Signages *			
21	<input type="checkbox"/>	Waiting Area With Public Utilities *			
22	<input type="checkbox"/>	HMIS Solution Deployed			

Screen shot 39

स्वस्थ आपका, साथ हमारा

Hospital Empanelment Module - User Manual

Step 13.1: After filling all the mandatory details under General services we need to click on “SAVE” button for further flow of hospital empanelment. (As shown in screenshot 40).



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Hospital Empanelment Application Form





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SAVE
NEXT

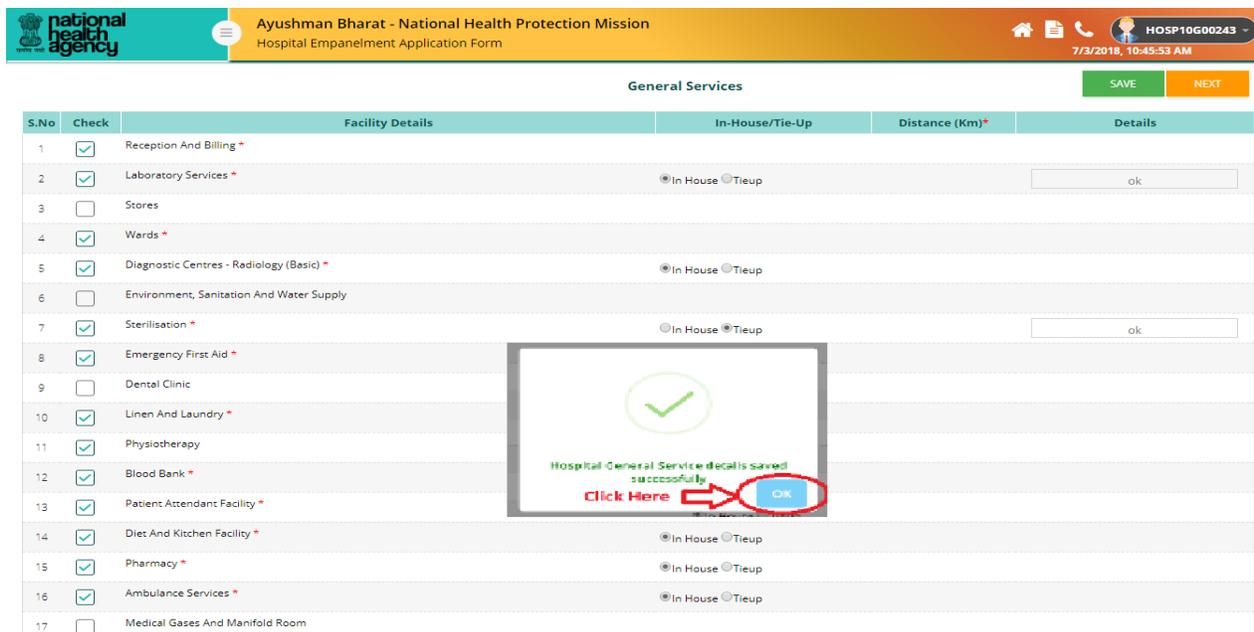
S.No	Check	Facility Details	In-House/Tie-Up	Distance (Km)*	Details
1	<input checked="" type="checkbox"/>	Reception And Billing *			
2	<input checked="" type="checkbox"/>	Laboratory Services *	<input type="radio"/> In House <input type="radio"/> Tieup		<input type="text" value="ok"/>
3	<input type="checkbox"/>	Stores			
4	<input checked="" type="checkbox"/>	Wards *			
5	<input checked="" type="checkbox"/>	Diagnostic Centres - Radiology (Basic) *	<input type="radio"/> In House <input type="radio"/> Tieup		
6	<input type="checkbox"/>	Environment, Sanitation And Water Supply			
7	<input checked="" type="checkbox"/>	Sterilisation *	<input type="radio"/> In House <input type="radio"/> Tieup		<input type="text" value="ok"/>
8	<input checked="" type="checkbox"/>	Emergency First Aid *			
9	<input type="checkbox"/>	Dental Clinic			
10	<input checked="" type="checkbox"/>	Linen And Laundry *	<input type="radio"/> In House <input type="radio"/> Tieup		
11	<input checked="" type="checkbox"/>	Physiotherapy	<input type="radio"/> In House <input type="radio"/> Tieup		
12	<input checked="" type="checkbox"/>	Blood Bank *	<input type="radio"/> In House <input type="radio"/> Tieup		
13	<input checked="" type="checkbox"/>	Patient Attendant Facility *			
14	<input checked="" type="checkbox"/>	Diet And Kitchen Facility *	<input type="radio"/> In House <input type="radio"/> Tieup		
15	<input checked="" type="checkbox"/>	Pharmacy *	<input type="radio"/> In House <input type="radio"/> Tieup		
16	<input checked="" type="checkbox"/>	Ambulance Services *	<input type="radio"/> In House <input type="radio"/> Tieup		
17	<input type="checkbox"/>	Medical Gases And Manifold Room			
18	<input checked="" type="checkbox"/>	Power Back-Up *			
19	<input type="checkbox"/>	Air-Condition System			
20	<input checked="" type="checkbox"/>	Basic Signages *			
21	<input checked="" type="checkbox"/>	Waiting Area With Public Utilities *			
22	<input type="checkbox"/>	HMIS Solution Deployed			

SAVE
CHECK ELIGIBILITY
NEXT

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Screen shot 40

Step 13.2: After clicking on “SAVE” button alert will be displayed as “Hospital General Services details saved successfully” and we need to click on “OK” button for further flow of hospital empanelment form. (As shown in screenshot 41).



The screenshot shows the 'General Services' section of the 'Hospital Empanelment Application Form'. The table lists 17 services with checkboxes and radio buttons for 'In-House/Tie-Up'. A success alert is displayed in the center, stating 'Hospital General Services details saved successfully' with a green checkmark icon. Below the message, there is a red arrow pointing to an 'OK' button. The 'SAVE' and 'NEXT' buttons are visible at the top right of the form.

S.No	Check	Facility Details	In-House/Tie-Up	Distance (Km)*	Details
1	<input checked="" type="checkbox"/>	Reception And Billing *			
2	<input checked="" type="checkbox"/>	Laboratory Services *	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		ok
3	<input type="checkbox"/>	Stores			
4	<input checked="" type="checkbox"/>	Wards *			
5	<input checked="" type="checkbox"/>	Diagnostic Centres - Radiology (Basic) *	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		
6	<input type="checkbox"/>	Environment, Sanitation And Water Supply			
7	<input checked="" type="checkbox"/>	Sterilisation *	<input type="radio"/> In House <input checked="" type="radio"/> Tieup		ok
8	<input checked="" type="checkbox"/>	Emergency First Aid *			
9	<input type="checkbox"/>	Dental Clinic			
10	<input checked="" type="checkbox"/>	Linen And Laundry *			
11	<input checked="" type="checkbox"/>	Physiotherapy			
12	<input checked="" type="checkbox"/>	Blood Bank *			
13	<input checked="" type="checkbox"/>	Patient Attendant Facility *			
14	<input checked="" type="checkbox"/>	Diet And Kitchen Facility *	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		
15	<input checked="" type="checkbox"/>	Pharmacy *	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		
16	<input checked="" type="checkbox"/>	Ambulance Services *	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		
17	<input type="checkbox"/>	Medical Gases And Manifold Room			

Screen shot 41

स्वस्थ आपका, साथ हमारा

Step 13.3: After accepting alert message next step is to check eligibility criteria. We need to click on “CHECK ELIGIBILITY” button. (As shown in screenshot 42).



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Hospital Empanelment Application Form

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SAVE
NEXT

S.No	Check	Facility Details	In-House/Tie-Up	Distance (Km)*	Details
1	<input checked="" type="checkbox"/>	Reception And Billing *			
2	<input checked="" type="checkbox"/>	Laboratory Services *	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		<input type="text" value="ok"/>
3	<input type="checkbox"/>	Stores			
4	<input checked="" type="checkbox"/>	Wards *			
5	<input checked="" type="checkbox"/>	Diagnostic Centres - Radiology (Basic) *	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		
6	<input type="checkbox"/>	Environment, Sanitation And Water Supply			
7	<input checked="" type="checkbox"/>	Sterilisation *	<input type="radio"/> In House <input checked="" type="radio"/> Tieup		<input type="text" value="ok"/>
8	<input checked="" type="checkbox"/>	Emergency First Aid *			
9	<input type="checkbox"/>	Dental Clinic			
10	<input checked="" type="checkbox"/>	Linen And Laundry *	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		
11	<input checked="" type="checkbox"/>	Physiotherapy	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		
12	<input checked="" type="checkbox"/>	Blood Bank *	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		
13	<input checked="" type="checkbox"/>	Patient Attendant Facility *			
14	<input checked="" type="checkbox"/>	Diet And Kitchen Facility *	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		
15	<input checked="" type="checkbox"/>	Pharmacy *	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		
16	<input checked="" type="checkbox"/>	Ambulance Services *	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		
17	<input type="checkbox"/>	Medical Gases And Manifold Room			
18	<input checked="" type="checkbox"/>	Power Back-Up *			
19	<input type="checkbox"/>	Air-Condition System			
20	<input checked="" type="checkbox"/>	Basic Signages *			
21	<input checked="" type="checkbox"/>	Waiting Area With Public Utilities *			
22	<input type="checkbox"/>	HMIS Solution Deployed			

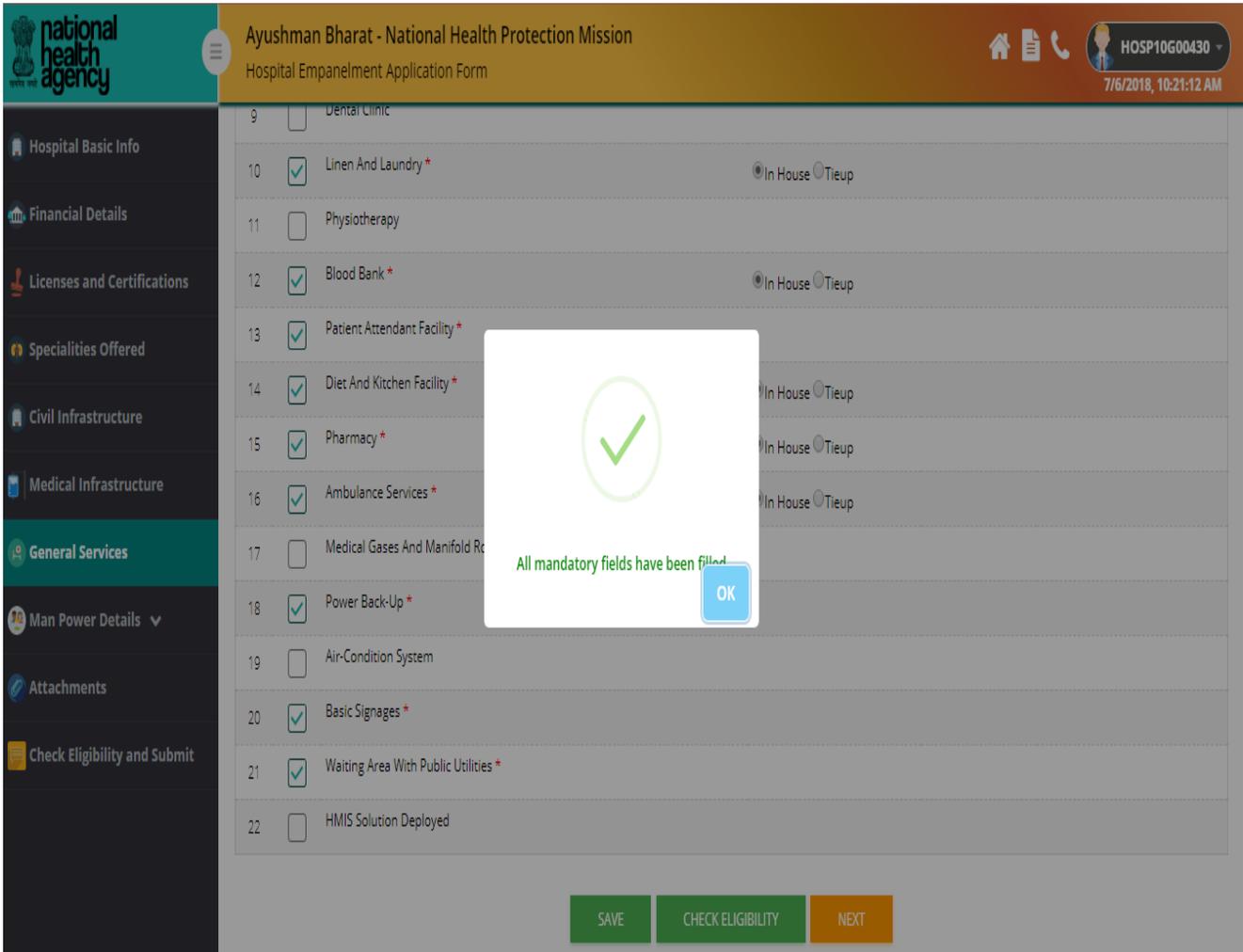
SAVE
CHECK ELIGIBILITY
NEXT

Screen shot 42

स्वस्थ आपका, साथ हमारा

Hospital Empanelment Module - User Manual

Step 13.4: After clicking on “CHECK ELIGIBILITY” button alert will be displayed as” Eligibility criteria met” and we need to click on “OK” button for further flow of hospital empanelment form. (As shown in screenshot 43).



The screenshot displays the 'Hospital Empanelment Application Form' interface. The left sidebar contains navigation options: Hospital Basic Info, Financial Details, Licenses and Certifications, Specialities Offered, Civil Infrastructure, Medical Infrastructure, General Services (highlighted), Man Power Details, Attachments, and Check Eligibility and Submit. The main content area lists 22 criteria for empanelment, each with a checkbox and radio button options for 'In House' or 'Tieup'. A modal alert box is centered on the screen, featuring a green checkmark icon and the text 'All mandatory fields have been filled.' with an 'OK' button. At the bottom, there are three buttons: 'SAVE' (green), 'CHECK ELIGIBILITY' (green), and 'NEXT' (orange).

Criteria ID	Criteria Name	Checked	In House	Tieup
9	Dental Clinic	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
10	Linen And Laundry *	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>
11	Physiotherapy	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
12	Blood Bank *	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	<input type="radio"/>
13	Patient Attendant Facility *	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
14	Diet And Kitchen Facility *	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
15	Pharmacy *	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
16	Ambulance Services *	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
17	Medical Gases And Manifold R	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
18	Power Back-Up *	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
19	Air-Condition System	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
20	Basic Signages *	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
21	Waiting Area With Public Utilities *	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
22	HMIS Solution Deployed	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>

Screen shot 43

Hospital Empanelment Module - User Manual

Step 13.5: After accepting alert next step is to click on “NEXT” button for further flow of hospital empanelment form. (As shown in screenshot 44).



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Hospital Empanelment Application Form

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General Services
SAVE
NEXT

S.No	Check	Facility Details	In-House/Tie-Up	Distance (Km)*	Details
1	<input checked="" type="checkbox"/>	Reception And Billing *			
2	<input checked="" type="checkbox"/>	Laboratory Services *	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		<input type="text" value="ok"/>
3	<input type="checkbox"/>	Stores			
4	<input checked="" type="checkbox"/>	Wards *			
5	<input checked="" type="checkbox"/>	Diagnostic Centres - Radiology (Basic) *	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		
6	<input type="checkbox"/>	Environment, Sanitation And Water Supply			
7	<input checked="" type="checkbox"/>	Sterilisation *	<input type="radio"/> In House <input checked="" type="radio"/> Tieup		<input type="text" value="ok"/>
8	<input checked="" type="checkbox"/>	Emergency First Aid *			
9	<input type="checkbox"/>	Dental Clinic			
10	<input checked="" type="checkbox"/>	Linen And Laundry *	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		
11	<input checked="" type="checkbox"/>	Physiotherapy	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		
12	<input checked="" type="checkbox"/>	Blood Bank *	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		
13	<input checked="" type="checkbox"/>	Patient Attendant Facility *			
14	<input checked="" type="checkbox"/>	Diet And Kitchen Facility *	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		
15	<input checked="" type="checkbox"/>	Pharmacy *	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		
16	<input checked="" type="checkbox"/>	Ambulance Services *	<input checked="" type="radio"/> In House <input type="radio"/> Tieup		
17	<input type="checkbox"/>	Medical Gases And Manifold Room			
18	<input checked="" type="checkbox"/>	Power Back-Up *			
19	<input type="checkbox"/>	Air-Condition System			
20	<input checked="" type="checkbox"/>	Basic Signages *			
21	<input checked="" type="checkbox"/>	Waiting Area With Public Utilities *			
22	<input type="checkbox"/>	HMIS Solution Deployed			

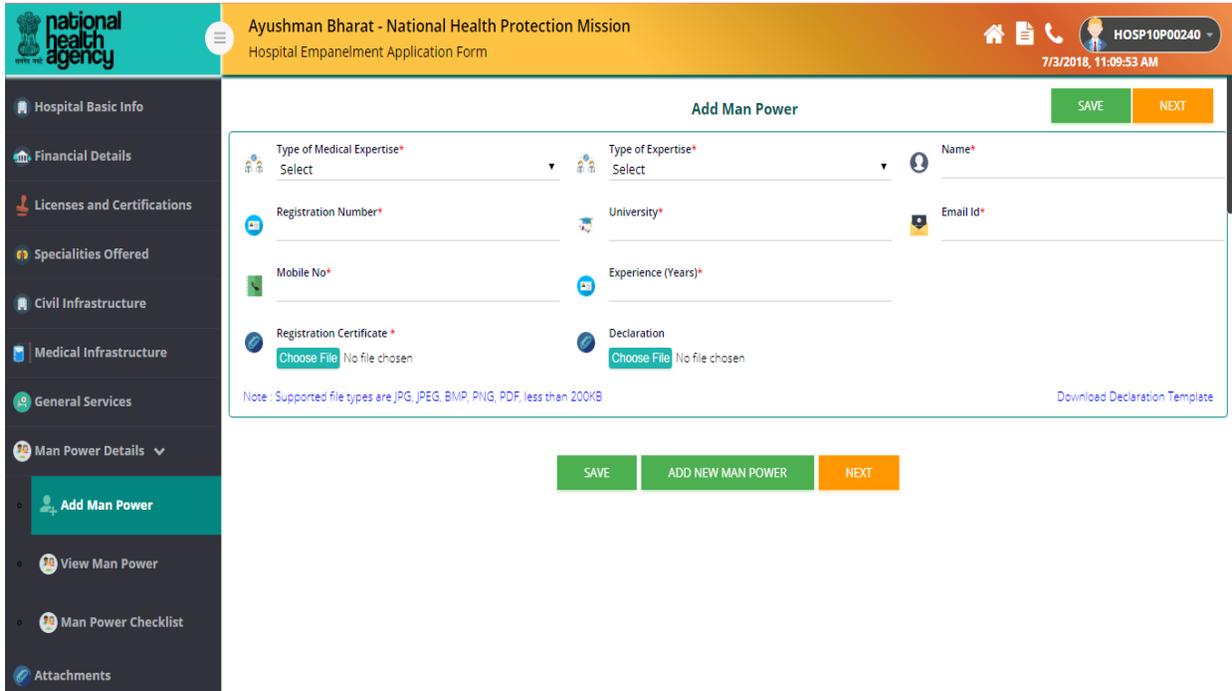
SAVE
CHECK ELIGIBILITY
NEXT

Screen shot 44

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Hospital Empanelment Module - User Manual

Step 14: After completing General services next step for hospital empanelment is Manpower details. In this we need to Add Required Manpower based on the Specialty selected in the 'Specialties Offered' Tab (as shown in screenshot 45).



The screenshot shows the 'Add Man Power' form within the 'Hospital Empanelment Application Form' interface. The form is titled 'Add Man Power' and includes a 'SAVE' button and a 'NEXT' button. The form fields are as follows:

- Type of Medical Expertise* (Dropdown menu, currently set to 'Select')
- Type of Expertise* (Dropdown menu, currently set to 'Select')
- Name* (Text input field)
- Registration Number* (Text input field)
- University* (Text input field)
- Email Id* (Text input field)
- Mobile No* (Text input field)
- Experience (Years)* (Text input field)
- Registration Certificate* (File upload button: 'Choose File' No file chosen)
- Declaration (File upload button: 'Choose File' No file chosen)

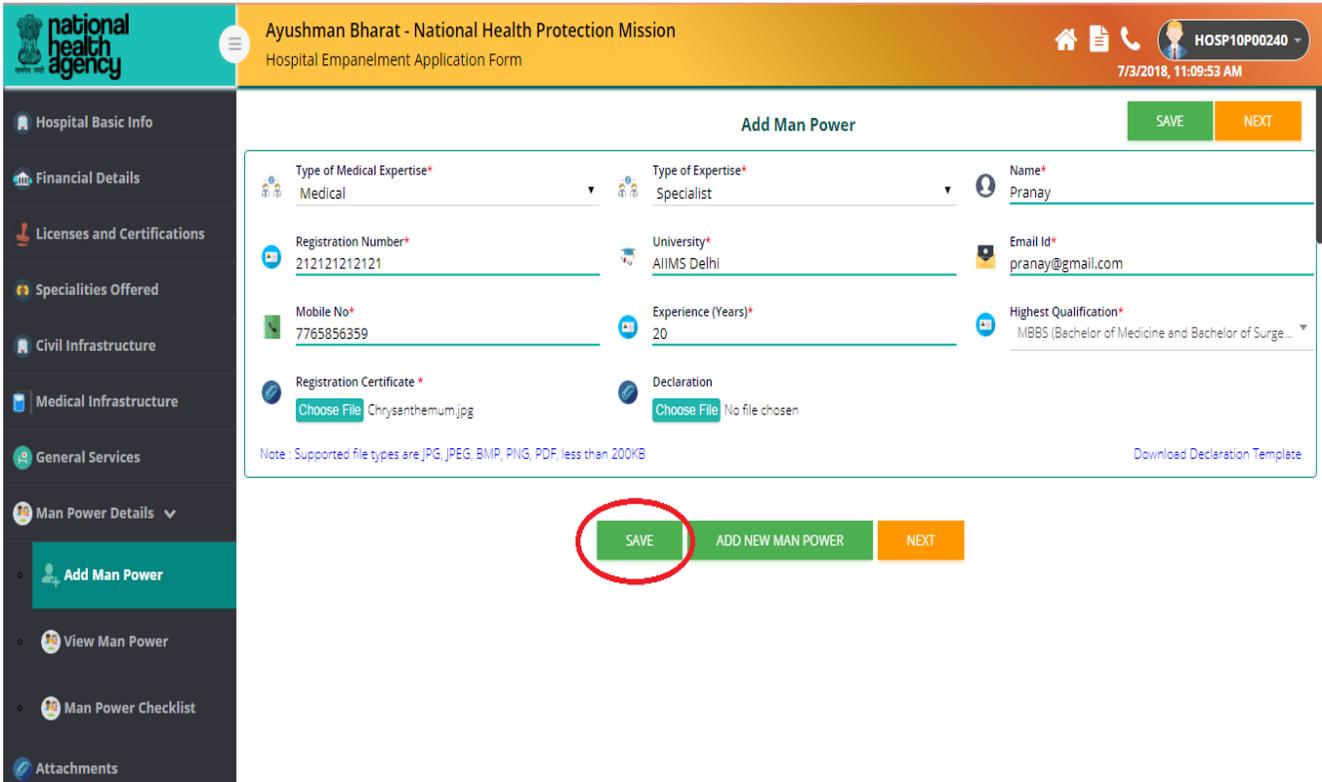
Note: Supported file types are JPG, JPEG, BMP, PNG, PDF, less than 200KB. Download Declaration Template

At the bottom of the form, there are three buttons: 'SAVE', 'ADD NEW MAN POWER', and 'NEXT'.

Screen shot 45

Hospital Empanelment Module - User Manual

Step 14.1: Fill all mandatory details under add man power tab and Click on SAVE button. (As shown in screenshot 46).



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Hospital Empanelment Application Form

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Add Man Power [SAVE] [NEXT]

Type of Medical Expertise* Medical	Type of Expertise* Specialist	Name* Pranay
Registration Number* 2121212121	University* AllMS Delhi	Email Id* pranay@gmail.com
Mobile No* 7765856359	Experience (Years)* 20	Highest Qualification* MBBS (Bachelor of Medicine and Bachelor of Surge...
Registration Certificate* Choose File Chrysanthemum.jpg	Declaration Choose File No file chosen	

Note : Supported file types are JPG, JPEG, BMP, PNG, PDF, less than 200KB

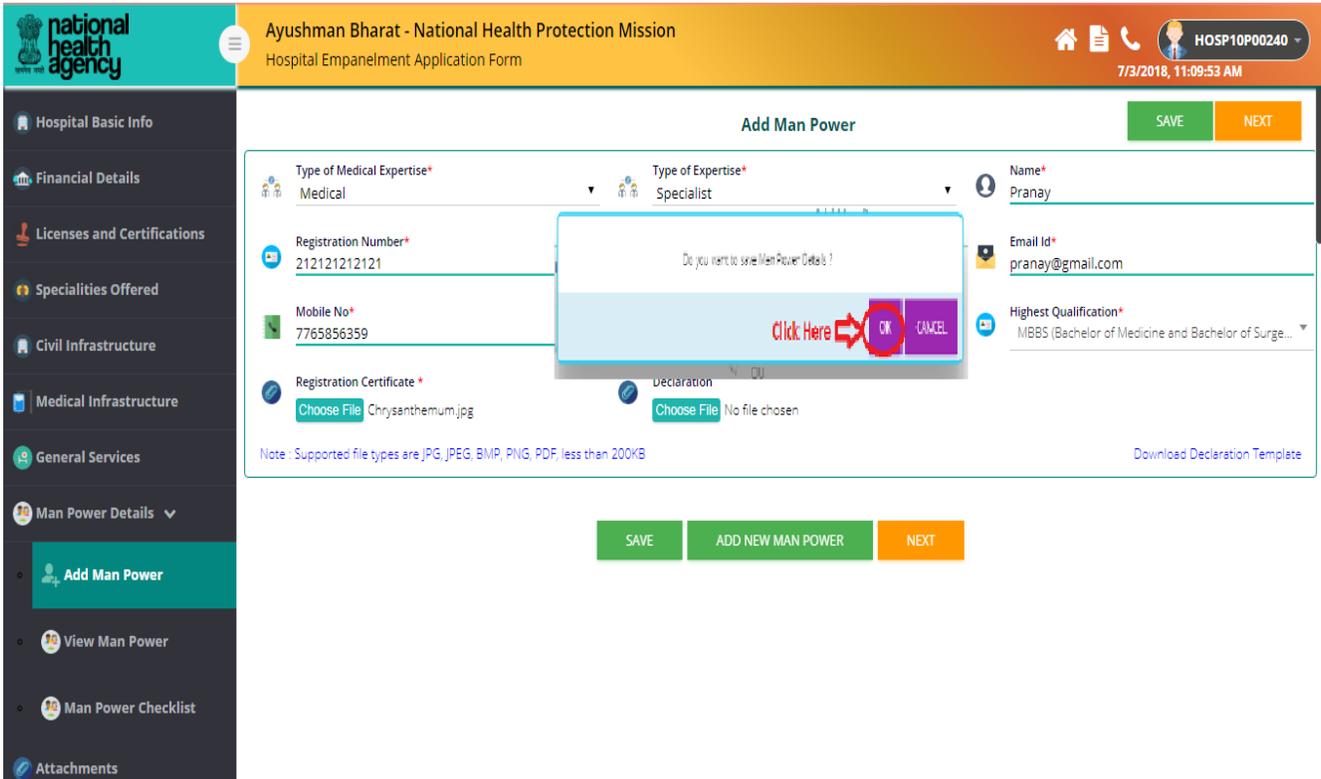
Download Declaration Template

[SAVE] [ADD NEW MAN POWER] [NEXT]

Screen shot 46

Hospital Empanelment Module - User Manual

Step 14.2: After clicking on “SAVE” button alert will be displayed as ‘Do you want to save manpower details’ and we need to click on ‘OK’ button and the Manpower details will be Saved. (As shown in screenshot 47).



national health agency Ayushman Bharat - National Health Protection Mission Hospital Empanelment Application Form HOSP10P00240 7/3/2018, 11:09:53 AM

Add Man Power

SAVE **NEXT**

Type of Medical Expertise* Medical Type of Expertise* Specialist Name* Pranay

Registration Number* 2121212121 Email Id* pranay@gmail.com

Mobile No* 7765856359 Highest Qualification* MBBS (Bachelor of Medicine and Bachelor of Surge...)

Registration Certificate* Choose File Chrysanthemum.jpg Declaration Choose File No file chosen

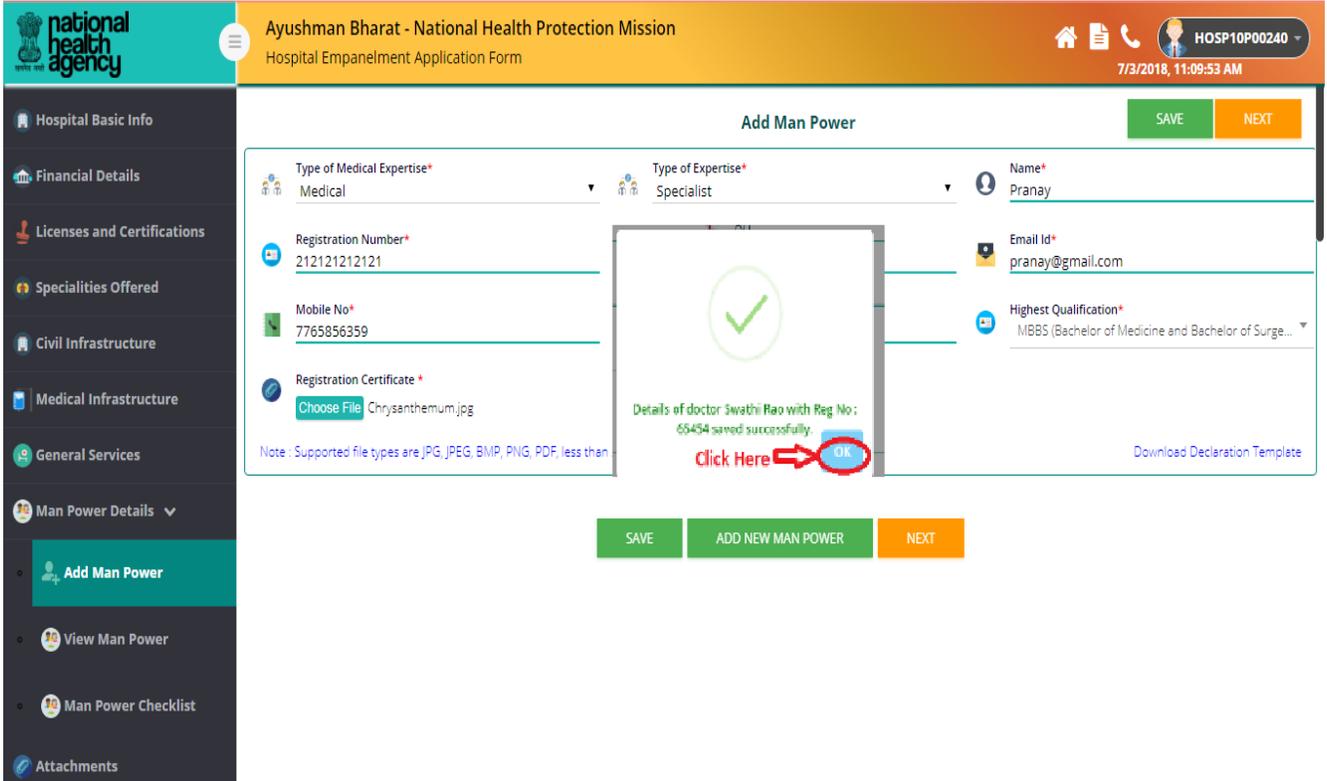
Note: Supported file types are JPG, JPEG, BMP, PNG, PDF, less than 200KB Download Declaration Template

SAVE **ADD NEW MAN POWER** **NEXT**

Screen shot 47

Hospital Empanelment Module - User Manual

Step 14.3: Upon successfully adding Manpower an alert will be displayed as ‘Details of Doctor (Doctor Name) saved successfully with Registration Number’ (as shown in screenshot 48).



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Hospital Empanelment Application Form

7/3/2018, 11:09:53 AM

Add Man Power

Type of Medical Expertise* Medical | **Type of Expertise*** Specialist | **Name*** Pranay

Registration Number* 2121212121 | **Email Id*** pranay@gmail.com

Mobile No* 7765856359 | **Highest Qualification*** MBBS (Bachelor of Medicine and Bachelor of Surge...)

Registration Certificate * Choose File Chrysanthemum.jpg

Note : Supported file types are JPG, JPEG, BMP, PNG, PDF, less than

Details of doctor Swathi Rao with Reg No : 65454 saved successfully.

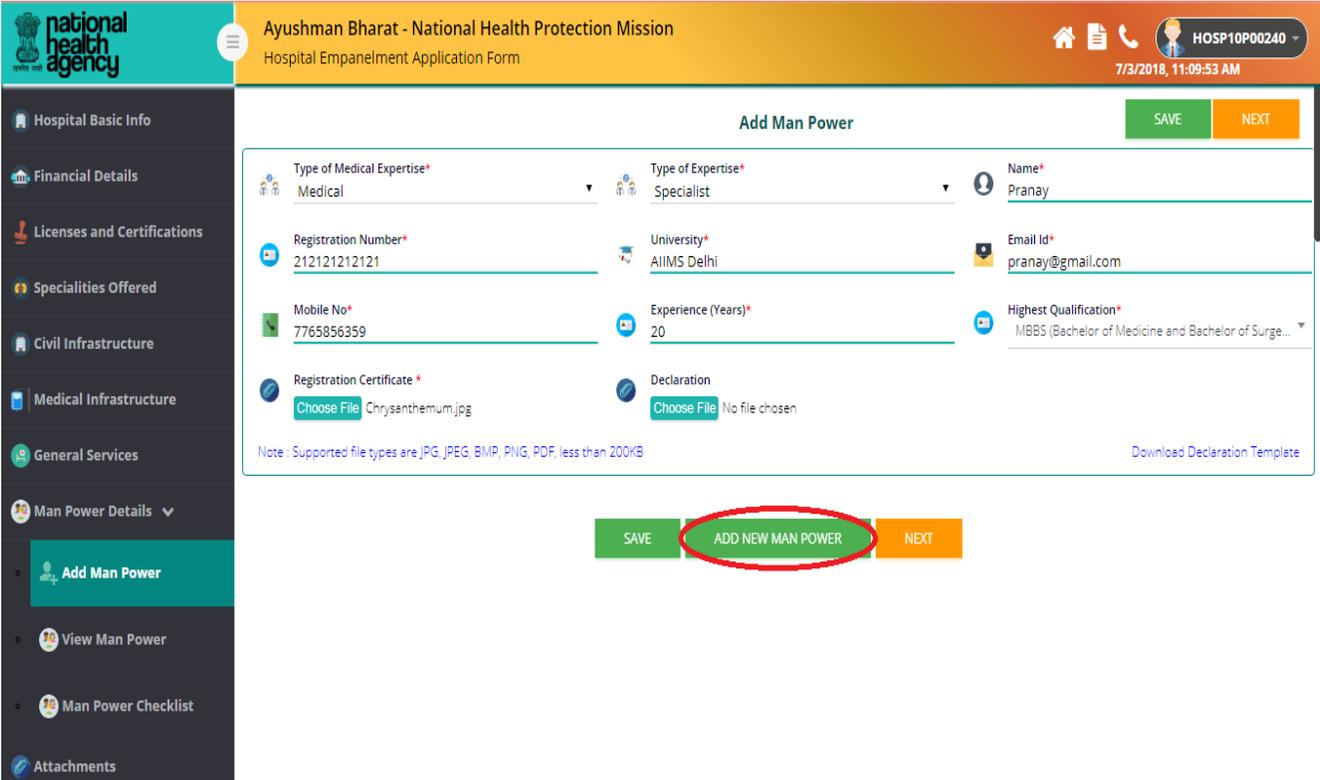
Click Here → **OK**

Download Declaration Template

SAVE **ADD NEW MAN POWER** **NEXT**

Screen shot 48

Step 14.4: To add new Manpower for the Specialty Selected in the Specialties Offered tab .Click on 'Add new Man Power' and give the details. (As shown in screenshot 49).



national health agency Ayushman Bharat - National Health Protection Mission Hospital Empanelment Application Form HOSP10P00240 7/3/2018, 11:09:53 AM

Add Man Power SAVE NEXT

Type of Medical Expertise* Medical Type of Expertise* Specialist Name* Pranay

Registration Number* 2121212121 University* AllMS Delhi Email Id* pranay@gmail.com

Mobile No* 7765856359 Experience (Years)* 20 Highest Qualification* MBBS (Bachelor of Medicine and Bachelor of Surge...)

Registration Certificate * Choose File Chrysanthemum.jpg Declaration Choose File No file chosen

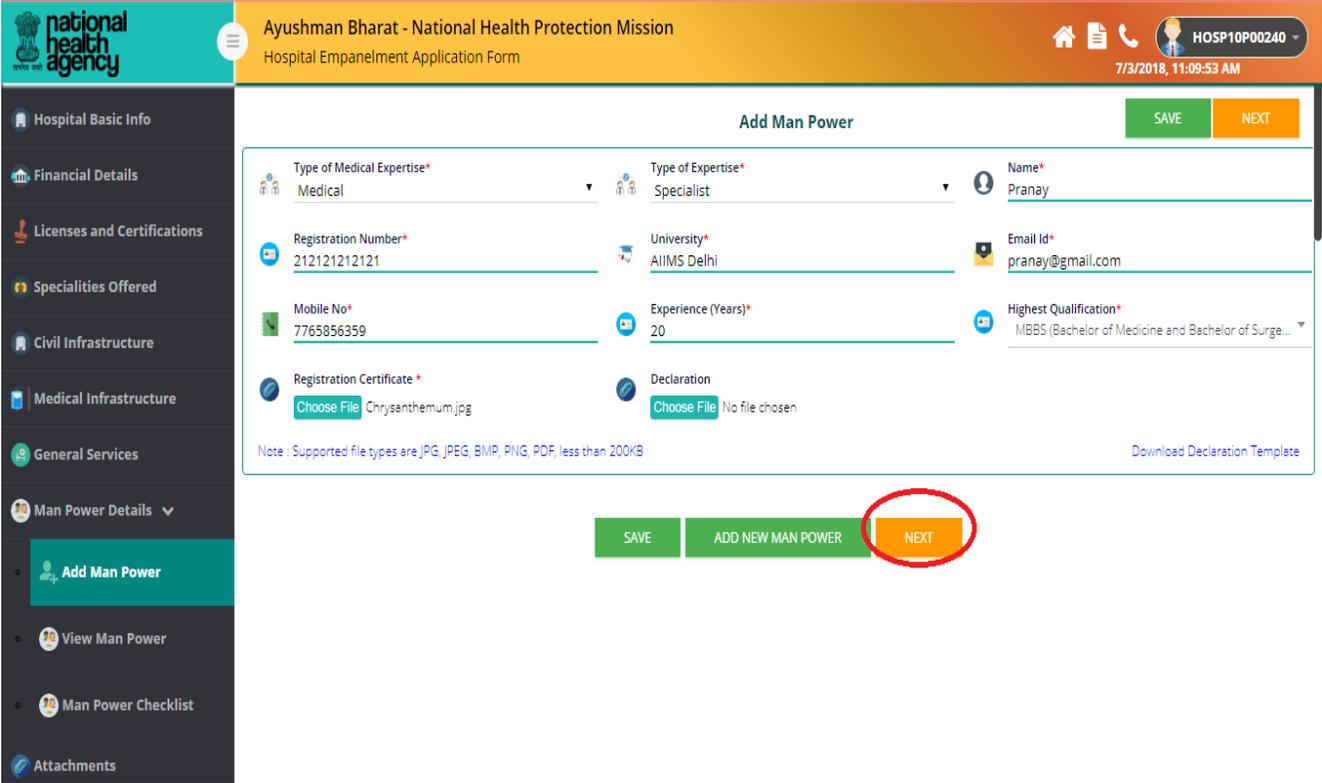
Note : Supported file types are JPG, JPEG, BMP, PNG, PDF, less than 200KB Download Declaration Template

SAVE **ADD NEW MAN POWER** NEXT

Screen shot 49

Hospital Empanelment Module - User Manual

Step 14.5: After successfully adding the Required Manpower, click on 'Next', to move to the Next tab (as shown in screenshot 50).



national health agency Ayushman Bharat - National Health Protection Mission Hospital Empanelment Application Form HOSP10P00240 7/3/2018, 11:09:53 AM

Add Man Power

Type of Medical Expertise* Medical	Type of Expertise* Specialist	Name* Pranay
Registration Number* 2121212121	University* AllMS Delhi	Email Id* pranay@gmail.com
Mobile No* 7765956359	Experience (Years)* 20	Highest Qualification* MBBS (Bachelor of Medicine and Bachelor of Surge...
Registration Certificate* Choose File Chrysanthemum.jpg	Declaration Choose File No file chosen	

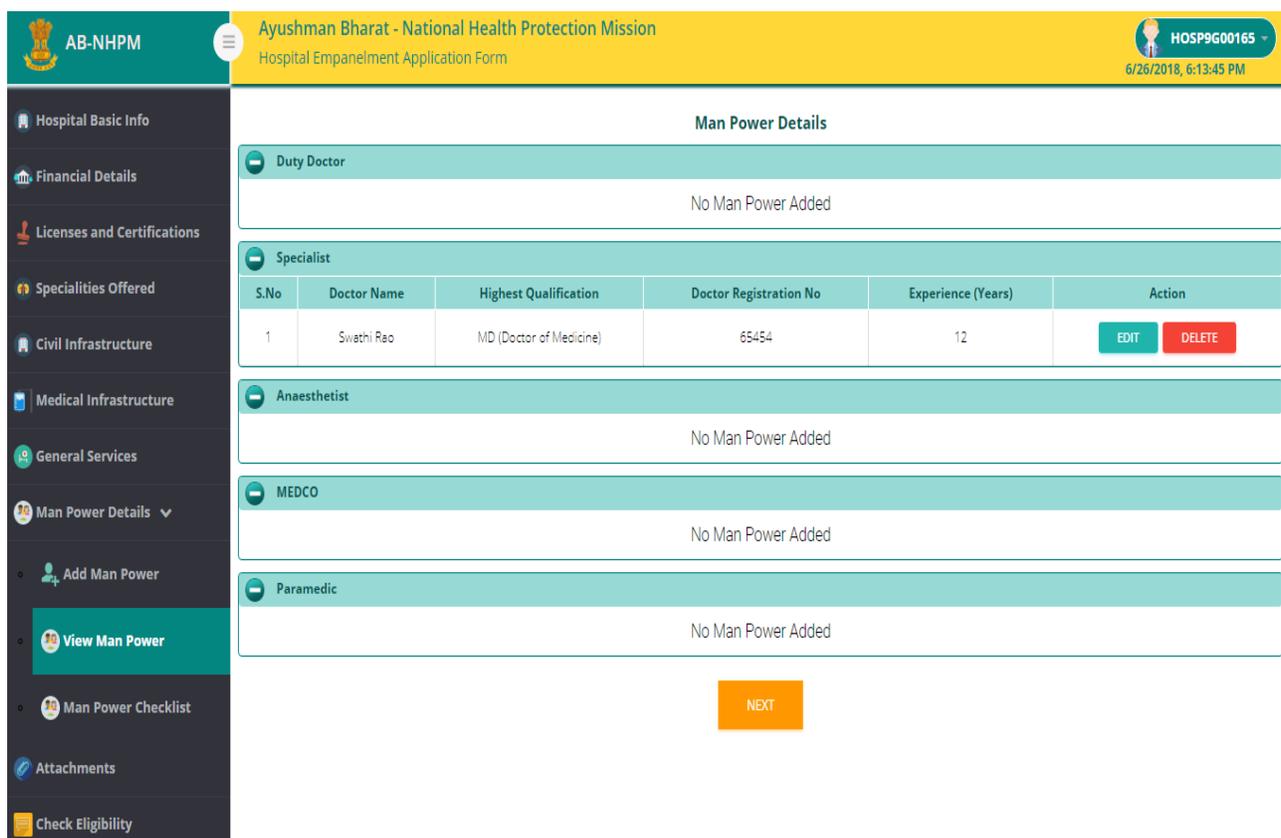
Note : Supported file types are JPG, JPEG, BMP, PNG, PDF, less than 200KB [Download Declaration Template](#)

SAVE ADD NEW MAN POWER **NEXT**

Screen shot 50

स्वस्थ आपका, साथ हमारा

Step 14.6: View Man Power Tab – Shows the details of the Doctors added in the ‘Add man power’ tab. We can edit the details of the Doctor Given by clicking on ‘Edit’ button, and we can also ‘Delete’ the Doctor details added by clicking on ‘Delete’ button (as shown in screenshot 51).



The screenshot displays the 'View Man Power' interface. The header includes the AB-NHPM logo, the mission name, and the user's profile (HOSP9G00165) with a timestamp of 6/26/2018, 6:13:45 PM. The left sidebar contains navigation options: Hospital Basic Info, Financial Details, Licenses and Certifications, Specialities Offered, Civil Infrastructure, Medical Infrastructure, General Services, Man Power Details (selected), Add Man Power, View Man Power (active), Man Power Checklist, Attachments, and Check Eligibility. The main content area is titled 'Man Power Details' and is divided into sections for different roles: Duty Doctor, Specialist, Anaesthetist, MEDCO, and Paramedic. Each section shows 'No Man Power Added' except for the Specialist section, which contains a table with one entry.

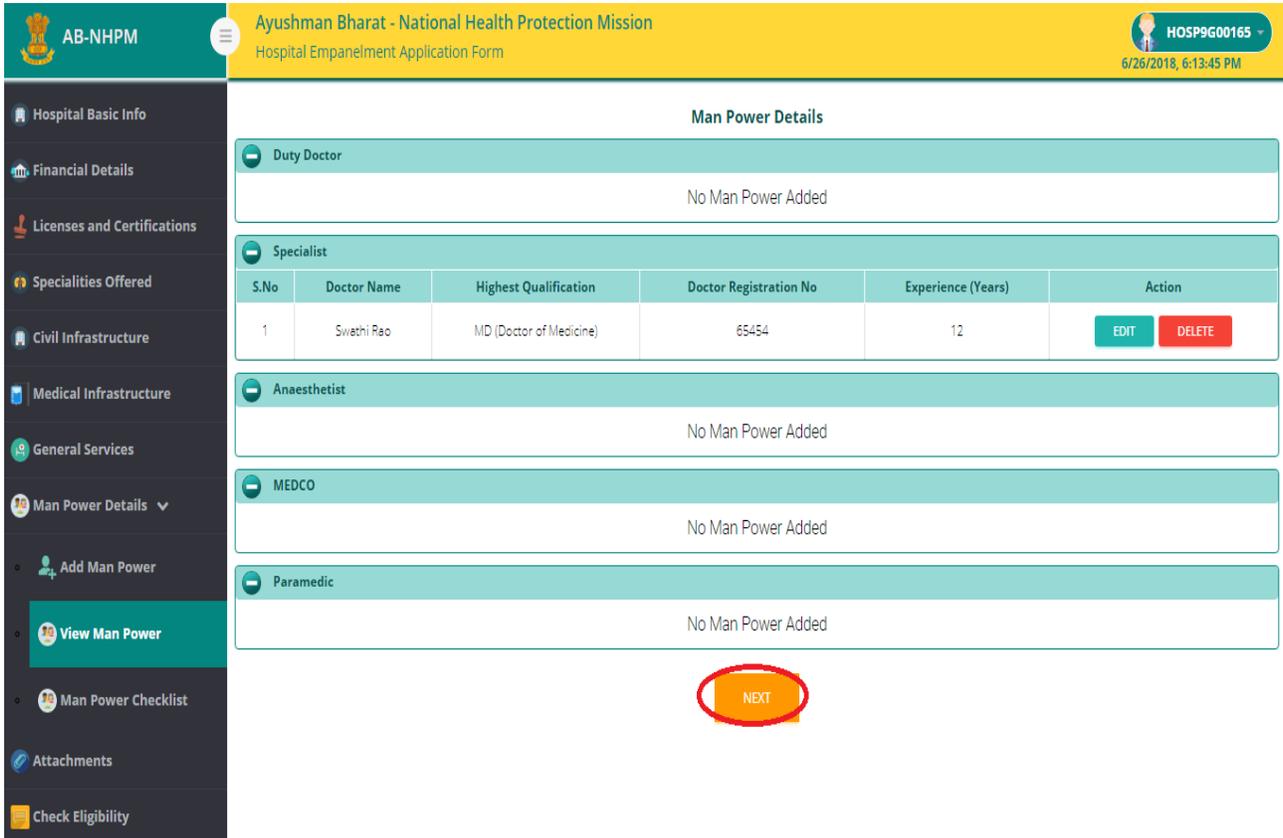
S.No	Doctor Name	Highest Qualification	Doctor Registration No	Experience (Years)	Action
1	Swathi Rao	MD (Doctor of Medicine)	65454	12	EDIT DELETE

At the bottom of the main content area, there is an orange 'NEXT' button.

Screen shot 51

Hospital Empanelment Module - User Manual

Step 14.7: View Man power Tab - Click on 'Next' to move to the next tab (as shown in screenshot 52).



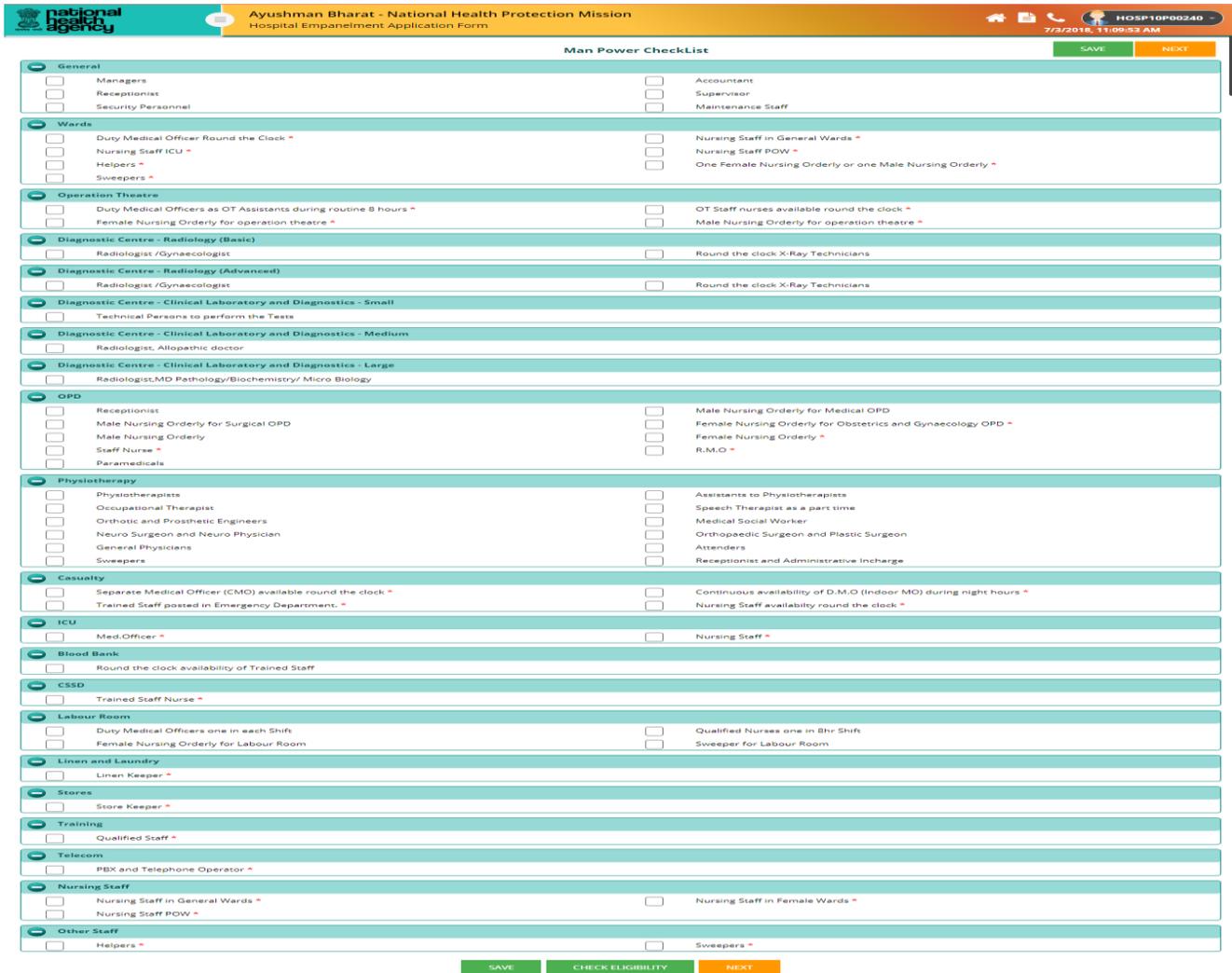
The screenshot displays the 'Hospital Empanelment Application Form' interface. The top header includes the AB-NHPM logo, the mission name, and the user's hospital ID (HOSP9G00165) and login time (6/26/2018, 6:13:45 PM). The left sidebar contains various menu items, with 'View Man Power' currently selected. The main content area is titled 'Man Power Details' and is divided into several sections: 'Duty Doctor', 'Specialist', 'Anaesthetist', 'MEDCO', and 'Paramedic'. Each section shows 'No Man Power Added'. The 'Specialist' section contains a table with one entry for Dr. Swathi Rao. At the bottom of the page, a yellow 'NEXT' button is highlighted with a red circle.

S.No	Doctor Name	Highest Qualification	Doctor Registration No	Experience (Years)	Action
1	Swathi Rao	MD (Doctor of Medicine)	65454	12	EDIT DELETE

Screen shot 52

Hospital Empanelment Module - User Manual

Step 14.8: Man Power Checklist Tab: Shows the checklist based on the Man power details added (as shown in screenshot 53).



Man Power Checklist

General

Managers Accountant
 Receptionist Supervisor
 Security Personnel Maintenance Staff

Wards

Duty Medical Officer Round the Clock *
 Nursing Staff ICU *
 Helpers *
 Sweepers *

Nursing Staff in General Wards *
 Nursing Staff POW *
 One Female Nursing Orderly or one Male Nursing Orderly *

Operation Theatre

Duty Medical Officers as OT Assistants during routine 8 hours *
 Female Nursing Orderly for operation theatre *

OT Staff nurses available round the clock *
 Male Nursing Orderly for operation theatre *

Diagnostic Centre - Radiology (Basic)

Radiologist /Gynaecologist Round the clock X-Ray Technicians

Diagnostic Centre - Radiology (Advanced)

Radiologist /Gynaecologist Round the clock X-Ray Technicians

Diagnostic Centre - Clinical Laboratory and Diagnostics - Small

Technical Persons to perform the Tests

Diagnostic Centre - Clinical Laboratory and Diagnostics - Medium

Radiologist, Allopathic doctor

Diagnostic Centre - Clinical Laboratory and Diagnostics - Large

Radiologist,MD Pathology/Biochemistry/ Micro Biology

OPD

Receptionist Male Nursing Orderly for Medical OPD
 Male Nursing Orderly for Surgical OPD Female Nursing Orderly for Obstetrics and Gynaecology OPD *
 Male Nursing Orderly Female Nursing Orderly *
 Staff Nurse * R.M.O *
 Paramedicals

Physiotherapy

Physiotherapists Assistants to Physiotherapists
 Occupational Therapist Speech Therapist as a part time
 Orthotic and Prosthetic Engineers Medical Social Worker
 Neuro Surgeon and Neuro Physician Orthopaedic Surgeon and Plastic Surgeon
 General Physicians Attenders
 Sweepers Receptionist and Administrative Incharge

Casualty

Separate Medical Officer (CMO) available round the clock *
 Trained Staff posted in Emergency Department. *

Continuous availability of D.M.O (Indoor MO) during night hours *
 Nursing Staff availability round the clock *

ICU

Med.Officer * Nursing Staff *

Blood Bank

Round the clock availability of Trained Staff

CSSD

Trained Staff Nurse *

Labour Room

Duty Medical Officers one in each Shift Qualified Nurses one in 8hr Shift
 Female Nursing Orderly for Labour Room Sweeper for Labour Room

Linen and Laundry

Linen Keeper *

Stores

Store Keeper *

Training

Qualified Staff *

Telecom

PBX and Telephone Operator *

Nursing Staff

Nursing Staff in General Wards * Nursing Staff in Female Wards *
 Nursing Staff POW *

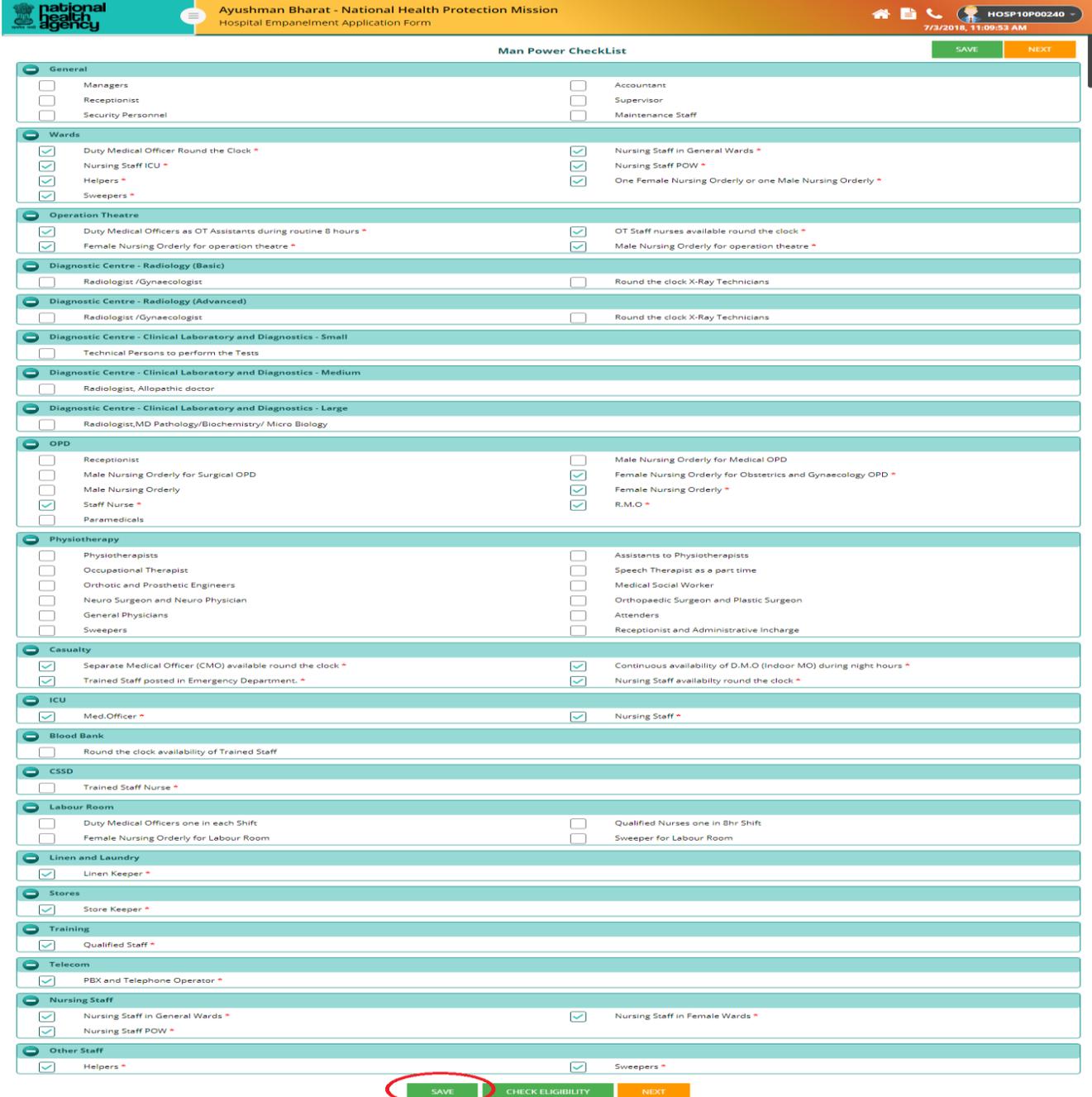
Other Staff

Helpers * Sweepers *

Screen shot 53

Hospital Empanelment Module - User Manual

Step 14.9: **Man Power Check List Tab** – Give all the mandatory Checklist. And Click on ‘Save’ to Save the details. (As shown in screenshot 54).



Man Power CheckList

General

- Managers
- Receptionist
- Security Personnel
- Accountant
- Supervisor
- Maintenance Staff

Wards

- Duty Medical Officer Round the Clock *
- Nursing Staff ICU *
- Helpers *
- Sweepers *
- Nursing Staff in General Wards *
- Nursing Staff POW *
- One Female Nursing Orderly or one Male Nursing Orderly *

Operation Theatre

- Duty Medical Officers as OT Assistants during routine 8 hours *
- Female Nursing Orderly for operation theatre *
- OT Staff nurses available round the clock *
- Male Nursing Orderly for operation theatre *

Diagnostic Centre - Radiology (Basic)

- Radiologist /Gynaecologist
- Round the clock X-Ray Technicians

Diagnostic Centre - Radiology (Advanced)

- Radiologist /Gynaecologist
- Round the clock X-Ray Technicians

Diagnostic Centre - Clinical Laboratory and Diagnostics - Small

- Technical Persons to perform the Tests

Diagnostic Centre - Clinical Laboratory and Diagnostics - Medium

- Radiologist, Allopathic doctor

Diagnostic Centre - Clinical Laboratory and Diagnostics - Large

- Radiologist,MD Pathology/Biochemistry/ Micro Biology

OPD

- Receptionist
- Male Nursing Orderly for Surgical OPD
- Male Nursing Orderly
- Staff Nurse *
- Paramedics
- Male Nursing Orderly for Medical OPD
- Female Nursing Orderly for Obstetrics and Gynaecology OPD *
- Female Nursing Orderly *
- R.M.O *

Physiotherapy

- Physiotherapists
- Occupational Therapist
- Orthotic and Prosthetic Engineers
- Neuro Surgeon and Neuro Physician
- General Physicians
- Sweepers
- Assistants to Physiotherapists
- Speech Therapist as a part time
- Medical Social Worker
- Orthopaedic Surgeon and Plastic Surgeon
- Attenders
- Receptionist and Administrative Incharge

Casualty

- Separate Medical Officer (CMO) available round the clock *
- Trained Staff posted in Emergency Department. *
- Continuous availability of D.M.O (Indoor MO) during night hours *
- Nursing Staff availability round the clock *

ICU

- Med.Officer *
- Nursing Staff *

Blood Bank

- Round the clock availability of Trained Staff

CSSD

- Trained Staff Nurse *

Labour Room

- Duty Medical Officers one in each Shift
- Female Nursing Orderly for Labour Room
- Qualified Nurses one in 8hr Shift
- Sweeper for Labour Room

Linen and Laundry

- Linen Keeper *

Stores

- Store Keeper *

Training

- Qualified Staff *

Telecom

- PBX and Telephone Operator *

Nursing Staff

- Nursing Staff in General Wards *
- Nursing Staff POW *
- Nursing Staff in Female Wards *

Other Staff

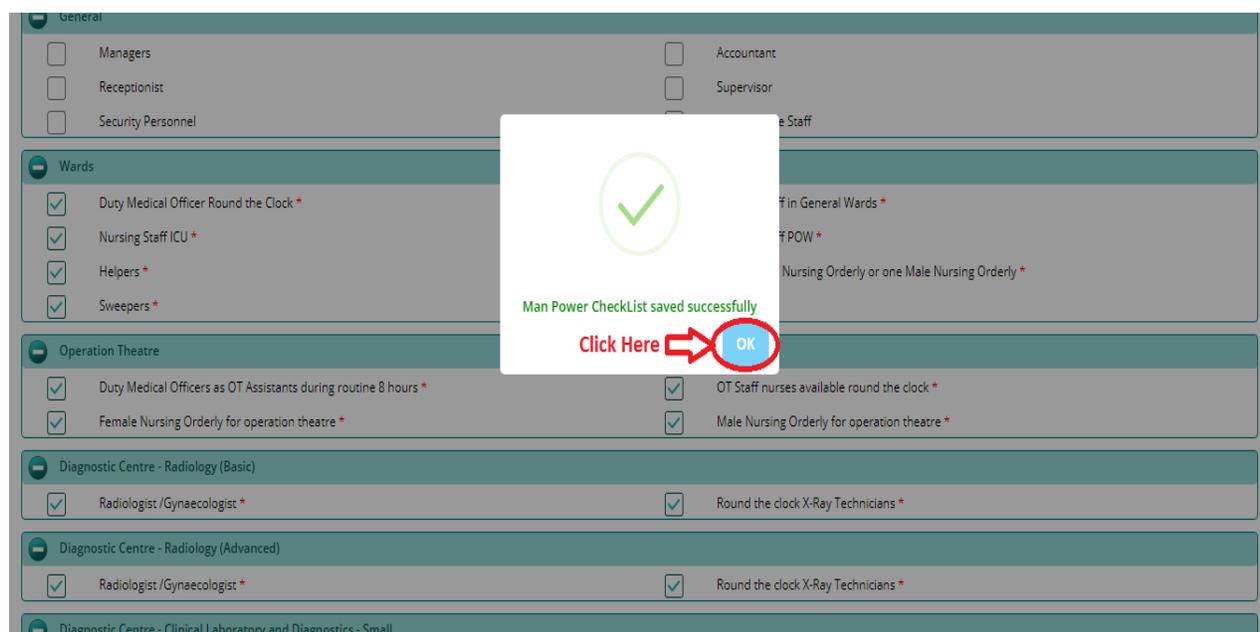
- Helpers *
- Sweepers *

SAVE **CHECK ELIGIBILITY** **NEXT**

Screen shot 54

Hospital Empanelment Module - User Manual

Step 14.10: Man Power Checklist Tab – Showing an Alert as ‘Man power checklist Saved Successfully’ after clicking on save (as shown in screenshot 55).



The screenshot displays a web application interface for the Man Power Checklist. The interface is organized into several sections, each with a list of items and checkboxes:

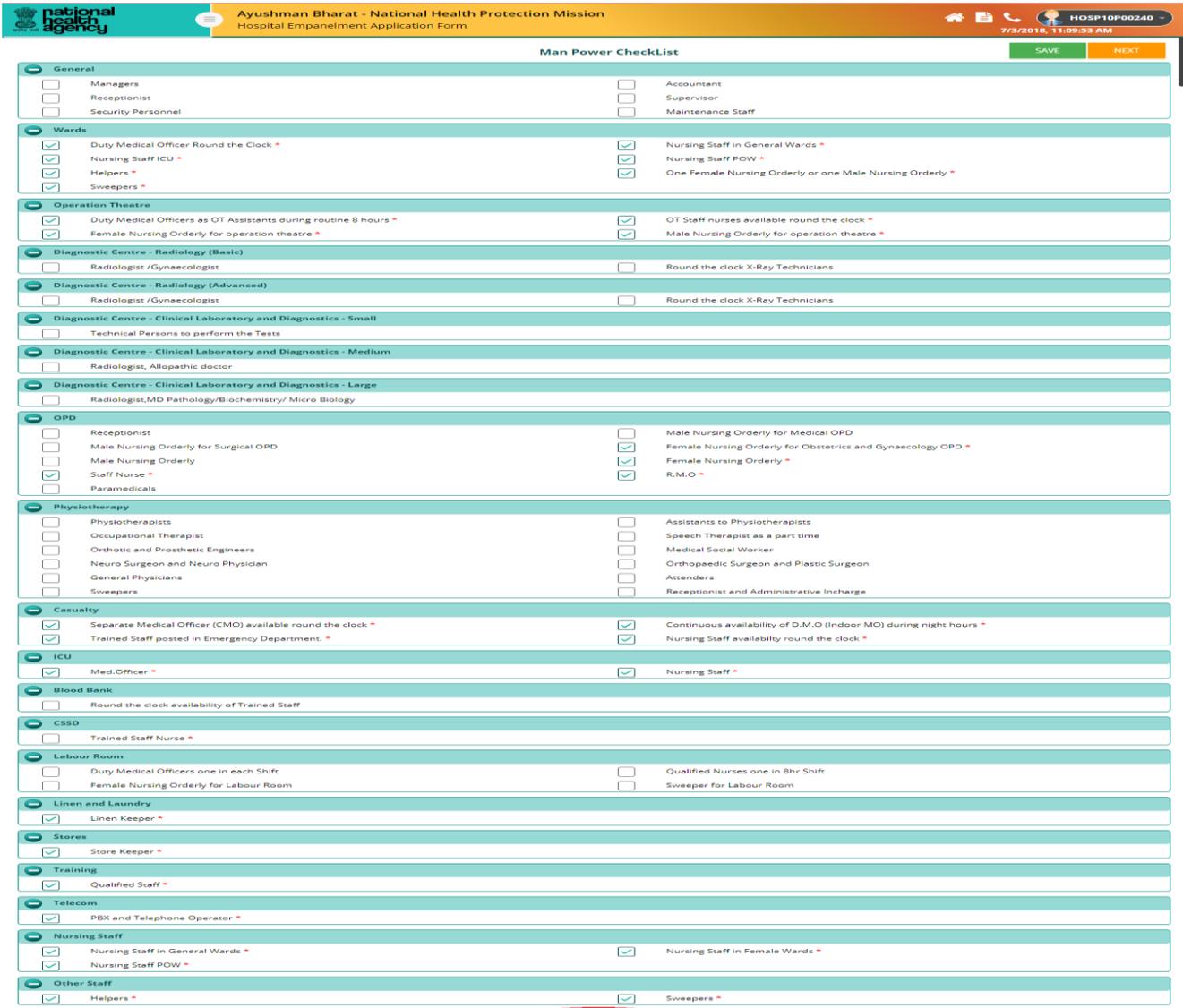
- General:** Managers, Receptionist, Security Personnel, Accountant, Supervisor, Staff.
- Wards:** Duty Medical Officer Round the Clock *, Nursing Staff ICU *, Helpers *, Sweepers *, Staff in General Wards *, POW *, Nursing Orderly or one Male Nursing Orderly *.
- Operation Theatre:** Duty Medical Officers as OT Assistants during routine 8 hours *, Female Nursing Orderly for operation theatre *, OT Staff nurses available round the clock *, Male Nursing Orderly for operation theatre *.
- Diagnostic Centre - Radiology (Basic):** Radiologist /Gynaecologist *, Round the clock X-Ray Technicians *.
- Diagnostic Centre - Radiology (Advanced):** Radiologist /Gynaecologist *, Round the clock X-Ray Technicians *.
- Diagnostic Centre - Clinical Laboratory and Diagnostics - Small:** (Section header only).

A central alert box is overlaid on the interface, featuring a green checkmark icon and the text: "Man Power Checklist saved successfully". Below the text, there is a red arrow pointing to a blue "OK" button.

Screen shot 55

Hospital Empanelment Module - User Manual

Step 14.11: Man Power Checklist Tab – After Saving the details successfully – Click on ‘Check Eligibility’ Button to check the eligibility of the details given. (As shown in screenshot 56).



Man Power Checklist

General

Managers

Receptionist

Security Personnel

Accountant

Supervisor

Maintenance Staff

Wards

Duty Medical Officer Round the Clock *

Nursing Staff ICU *

Helpers *

Sweepers *

Nursing Staff in General Wards *

Nursing Staff POW *

One Female Nursing Orderly or one Male Nursing Orderly *

Operation Theatre

Duty Medical Officers as OT Assistants during routine 8 hours *

Female Nursing Orderly for operation theatre *

OT Staff nurses available round the clock *

Male Nursing Orderly for operation theatre *

Diagnostic Centre - Radiology (Basic)

Radiologist /Gynaecologist

Round the clock X-Ray Technicians

Diagnostic Centre - Radiology (Advanced)

Radiologist /Gynaecologist

Round the clock X-Ray Technicians

Diagnostic Centre - Clinical Laboratory and Diagnostics - Small

Technical Persons to perform the Tests

Diagnostic Centre - Clinical Laboratory and Diagnostics - Medium

Radiologist, Allopathic doctor

Diagnostic Centre - Clinical Laboratory and Diagnostics - Large

Radiologist,MD Pathology/Biochemistry/ Micro Biology

OPD

Receptionist

Male Nursing Orderly for Surgical OPD

Male Nursing Orderly

Staff Nurse *

Paramedicals

Male Nursing Orderly for Medical OPD

Female Nursing Orderly for Obstetrics and Gynaecology OPD *

Female Nursing Orderly *

R.M.O *

Physiotherapy

Physiotherapists

Occupational Therapist

Orthotic and Prosthetic Engineers

Neuro Surgeon and Neuro Physician

General Physicians

Sweepers

Assistants to Physiotherapists

Speech Therapist as a part time

Medical Social Worker

Orthopaedic Surgeon and Plastic Surgeon

Attenders

Receptionist and Administrative Incharge

Casualty

Separate Medical Officer (CMO) available round the clock *

Trained Staff posted in Emergency Department. *

Continuous availability of D.M.O (Indoor MO) during night hours *

Nursing Staff availability round the clock *

ICU

Med.Officer *

Nursing Staff *

Blood Bank

Round the clock availability of Trained Staff

CSSD

Trained Staff Nurse *

Labour Room

Duty Medical Officers one in each Shift

Female Nursing Orderly for Labour Room

Qualified Nurses one in 8hr Shift

Sweeper for Labour Room

Linen and Laundry

Linen Keeper *

Stores

Store Keeper *

Training

Qualified Staff *

Telecom

PBX and Telephone Operator *

Nursing Staff

Nursing Staff in General Wards *

Nursing Staff POW *

Nursing Staff in Female Wards *

Other Staff

Helpers *

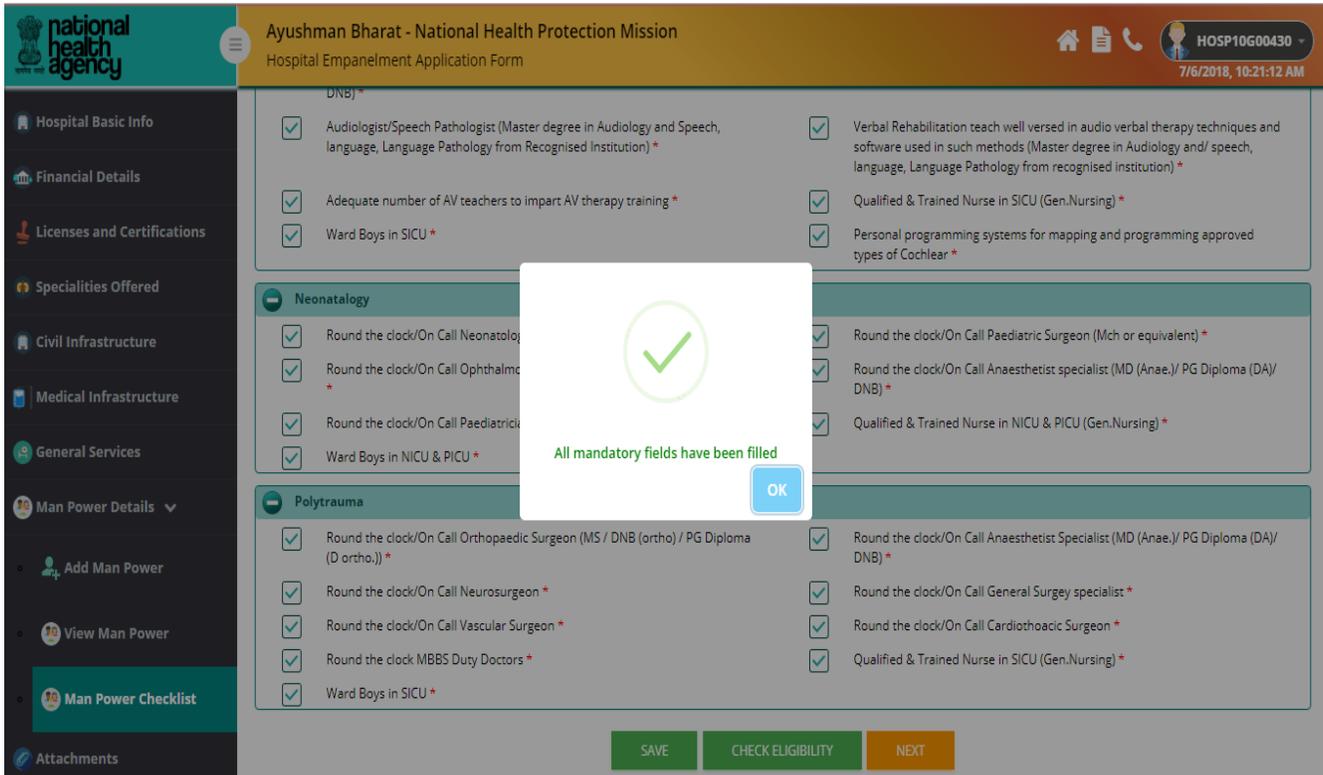
Sweepers *

SAVE CHECK ELIGIBILITY NEXT

Screen shot 56

Hospital Empanelment Module - User Manual

Step 14.12: Man Power Checklist Tab – Showing an alert as ‘Eligibility Criteria Met’ if the details given meet the eligibility Criteria. (As shown in screenshot 57).

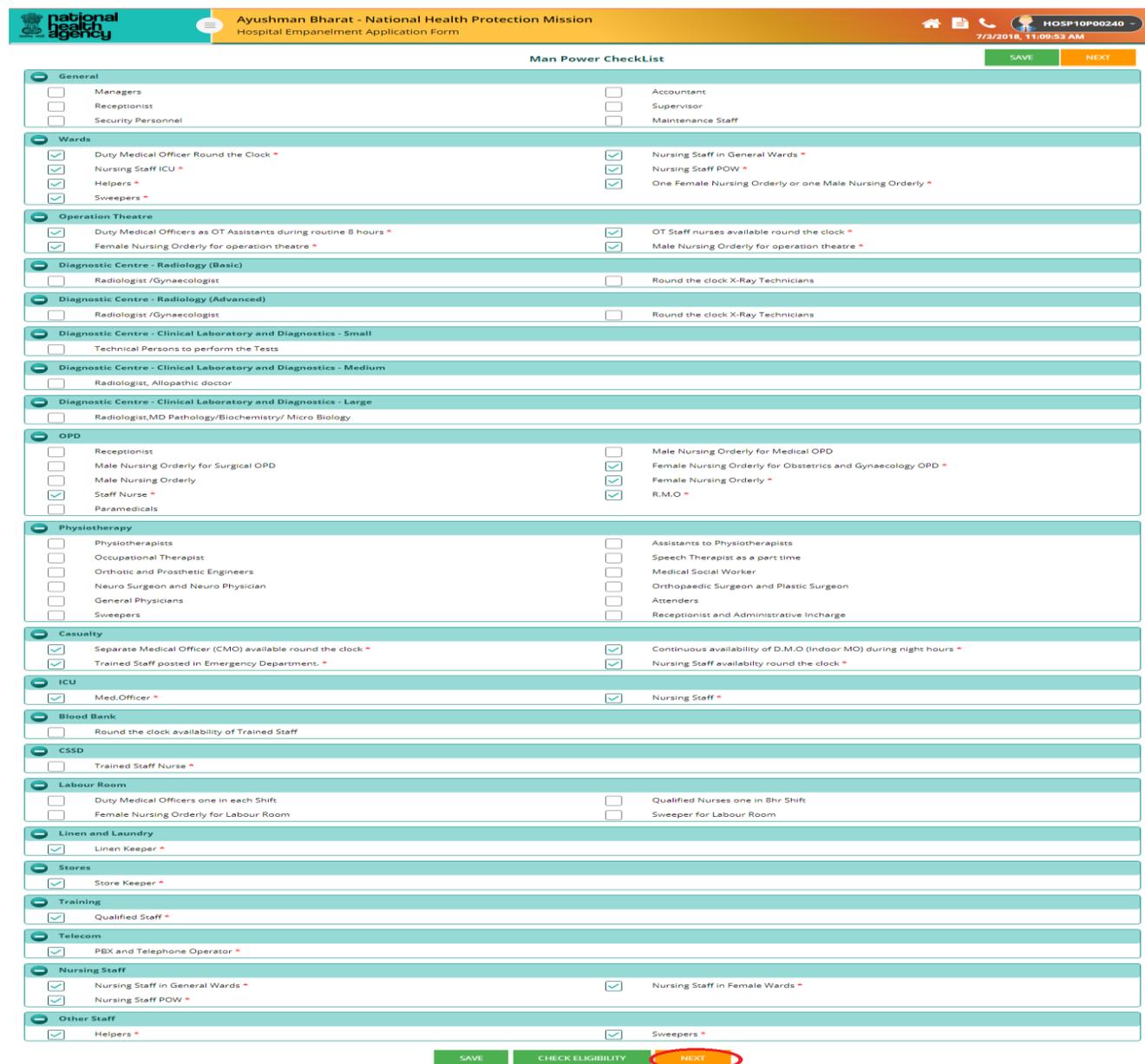


The screenshot displays the 'Hospital Empanelment Application Form' interface. The left sidebar contains navigation options: Hospital Basic Info, Financial Details, Licenses and Certifications, Specialities Offered, Civil Infrastructure, Medical Infrastructure, General Services, Man Power Details (with sub-options: Add Man Power, View Man Power, Man Power Checklist), and Attachments. The main content area is titled 'Ayushman Bharat - National Health Protection Mission Hospital Empanelment Application Form'. It features a checklist of eligibility criteria for various specialties, including DNB, Neonatology, and Polytrauma. Each criterion has a checked box. A central modal window with a green checkmark and the text 'All mandatory fields have been filled' is overlaid on the form. At the bottom, there are buttons for 'SAVE', 'CHECK ELIGIBILITY', and 'NEXT'. The top right corner shows the user ID 'HOSP10G00430' and the time '7/6/2018, 10:21:12 AM'.

Screen shot 57

Hospital Empanelment Module - User Manual

Step 14.13: Man power Check list Tab – After checking the Eligibility Criteria, click on ‘Next’ button, to move to the next tab. (As shown in screenshot 58).



Man Power CheckList

General

- Managers
- Receptionist
- Security Personnel
- Accountant
- Supervisor
- Maintenance Staff

Wards

- Duty Medical Officer Round the Clock *
- Nursing Staff ICU *
- Helpers *
- Sweepers *
- Nursing Staff in General Wards *
- Nursing Staff POW *
- One Female Nursing Orderly or one Male Nursing Orderly *

Operation Theatre

- Duty Medical Officers as OT Assistants during routine 8 hours *
- Female Nursing Orderly for operation theatre *
- OT Staff nurses available round the clock *
- Male Nursing Orderly for operation theatre *

Diagnostic Centre - Radiology (Basic)

- Radiologist /Gynaecologist
- Round the clock X-Ray Technicians

Diagnostic Centre - Radiology (Advanced)

- Radiologist /Gynaecologist
- Round the clock X-Ray Technicians

Diagnostic Centre - Clinical Laboratory and Diagnostics - Small

- Technical Persons to perform the Tests

Diagnostic Centre - Clinical Laboratory and Diagnostics - Medium

- Radiologist, Allopathic doctor

Diagnostic Centre - Clinical Laboratory and Diagnostics - Large

- Radiologist,MD Pathology/Biochemistry/ Micro Biology

OPD

- Receptionist
- Male Nursing Orderly for Surgical OPD
- Male Nursing Orderly
- Staff Nurse *
- Paramedicals
- Male Nursing Orderly for Medical OPD
- Female Nursing Orderly for Obstetrics and Gynaecology OPD *
- Female Nursing Orderly *
- R.M.O *

Physiotherapy

- Physiotherapists
- Occupational Therapist
- Orthotic and Prosthetic Engineers
- Neuro Surgeon and Neuro Physician
- General Physicians
- Sweepers
- Assistants to Physiotherapists
- Speech Therapist as a part time
- Medical Social Worker
- Orthopaedic Surgeon and Plastic Surgeon
- Attenders
- Receptionist and Administrative incharge

Casualty

- Separate Medical Officer (CMO) available round the clock *
- Trained Staff posted in Emergency Department. *
- Continuous availability of D.M.O (Indoor MO) during night hours *
- Nursing Staff availability round the clock *

ICU

- Med.Officer *
- Nursing Staff *

Blood Bank

- Round the clock availability of Trained Staff

CSSD

- Trained Staff Nurse *

Labour Room

- Duty Medical Officers one in each Shift
- Female Nursing Orderly for Labour Room
- Qualified Nurses one in 8hr Shift
- Sweeper for Labour Room

Linen and Laundry

- Linen Keeper *

Stores

- Store Keeper *

Training

- Qualified Staff *

Telecom

- PBX and Telephone Operator *

Nursing Staff

- Nursing Staff in General Wards *
- Nursing Staff POW *
- Nursing Staff in Female Wards *

Other Staff

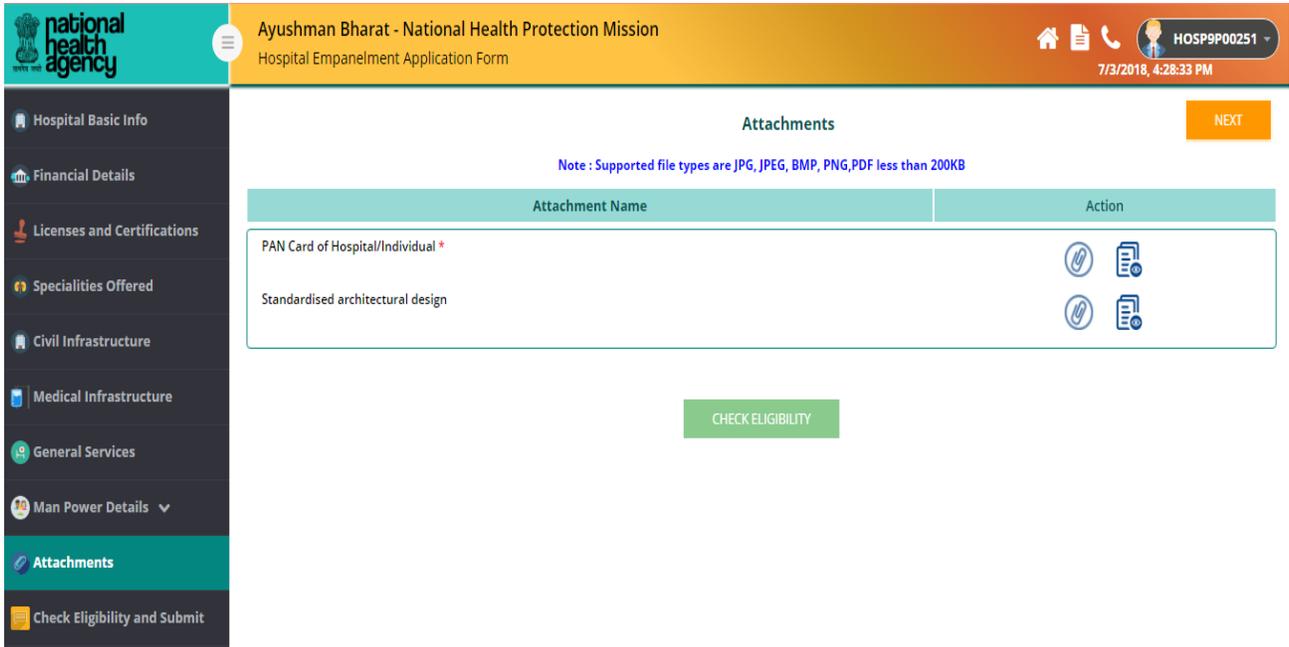
- Helpers *
- Sweepers *

Buttons: SAVE, CHECK ELIGIBILITY, NEXT (highlighted)

Screen shot 58

Step 15: Attachments Tab: Shows the Attachment details required to add. (As shown in screenshot 59).

Note: PAN Card – to be non-mandatory in case of public hospitals.

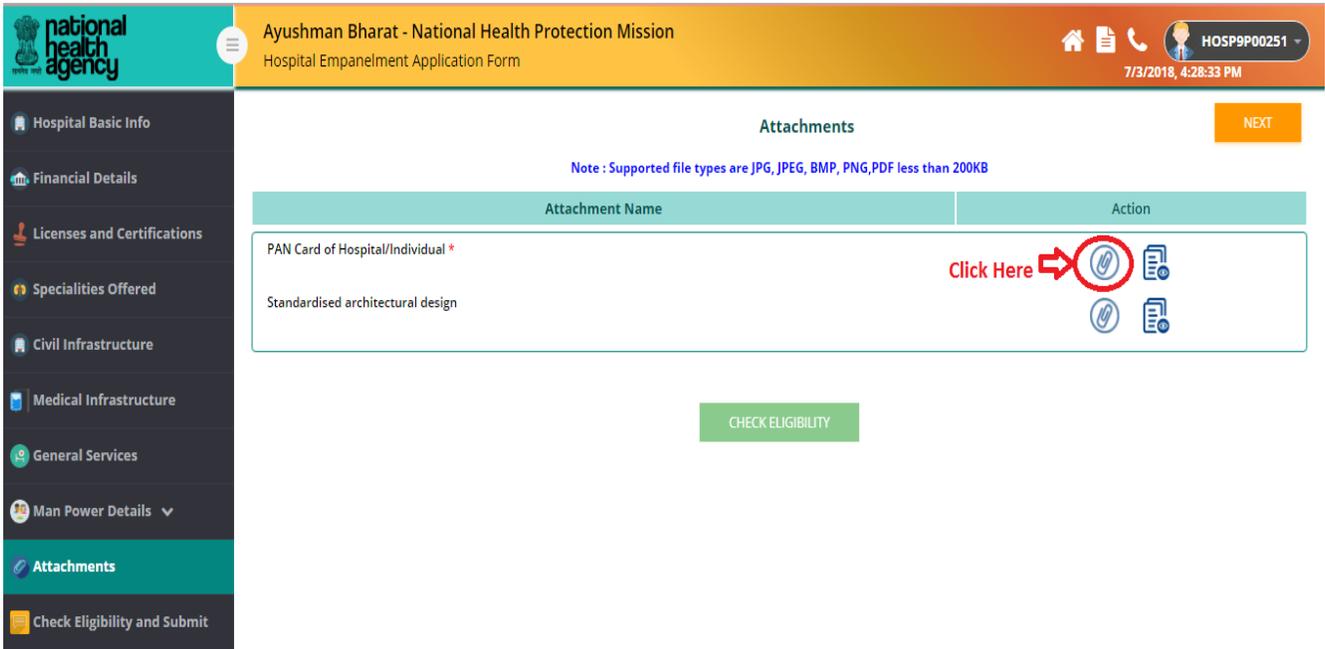


The screenshot shows the 'Attachments' tab of the Hospital Empanelment Application Form. The interface includes a top navigation bar with the National Health Agency logo, the mission name, and user information (HOSP9P00251). A left sidebar lists various application categories, with 'Attachments' selected. The main content area displays a table of attachments with columns for 'Attachment Name' and 'Action'. A note specifies supported file types (JPG, JPEG, BMP, PNG, PDF) and a 200KB limit. A 'CHECK ELIGIBILITY' button is located below the table.

Attachment Name	Action
PAN Card of Hospital/Individual *	 
Standardised architectural design	 

Screen shot 59

Step 15.1: Attachments tab – Click on the Attachment icon to attach file (as shown in screenshot 60).



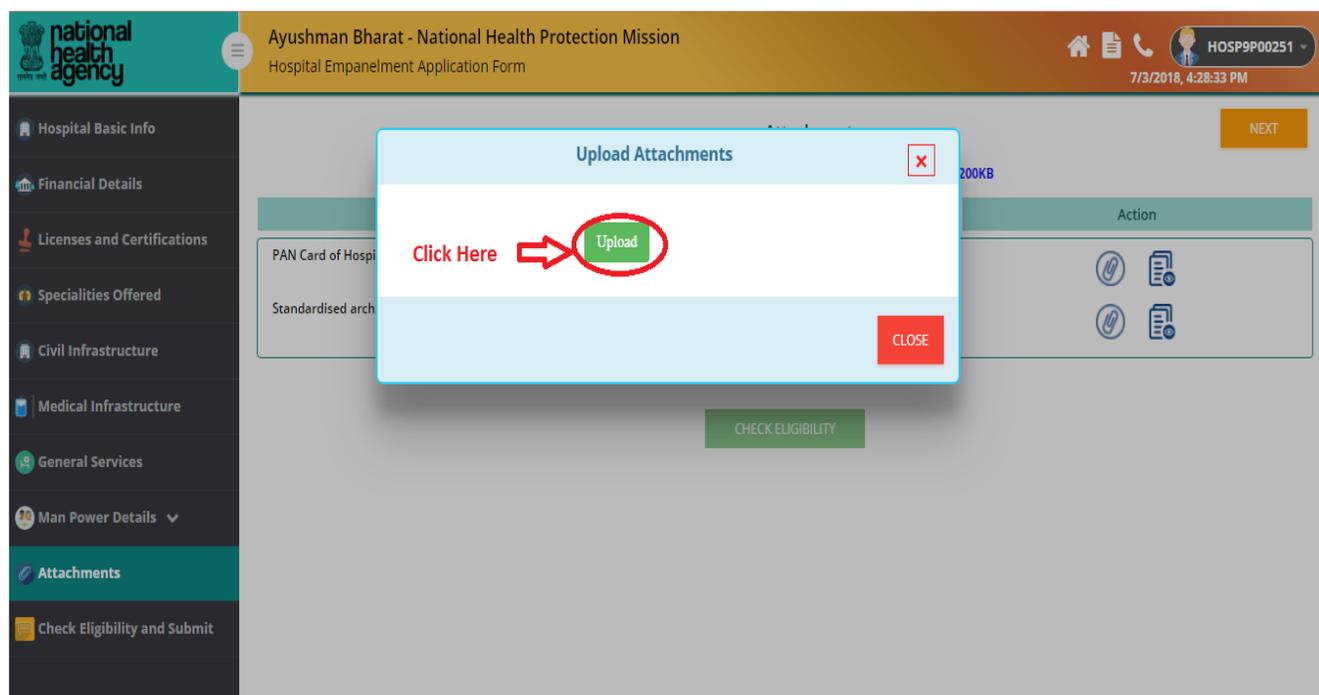
The screenshot displays the 'Hospital Empanelment Application Form' interface. The top navigation bar includes the National Health Agency logo, the mission name 'Ayushman Bharat - National Health Protection Mission', and the form title 'Hospital Empanelment Application Form'. A user profile section shows 'HOSP9P00251' and the date '7/3/2018, 4:28:33 PM'. The left sidebar lists various form sections, with 'Attachments' highlighted in teal. The main content area is titled 'Attachments' and features a 'NEXT' button. A note states: 'Supported file types are JPG, JPEG, BMP, PNG, PDF less than 200KB'. Below this is a table with two columns: 'Attachment Name' and 'Action'. The table contains two rows: 'PAN Card of Hospital/Individual *' and 'Standardised architectural design'. The 'Action' column for the first row has a red circle around an attachment icon with a red arrow pointing to it and the text 'Click Here'. Below the table is a green 'CHECK ELIGIBILITY' button.

Attachment Name	Action
PAN Card of Hospital/Individual *	 
Standardised architectural design	 

Screen shot 60

Hospital Empanelment Module - User Manual

Step 15.2: Attachment Tab – Showing an Upload option after clicking on the Attachment icon. Click on the ‘Upload’ Button to upload the File. (As shown in screenshot 61).

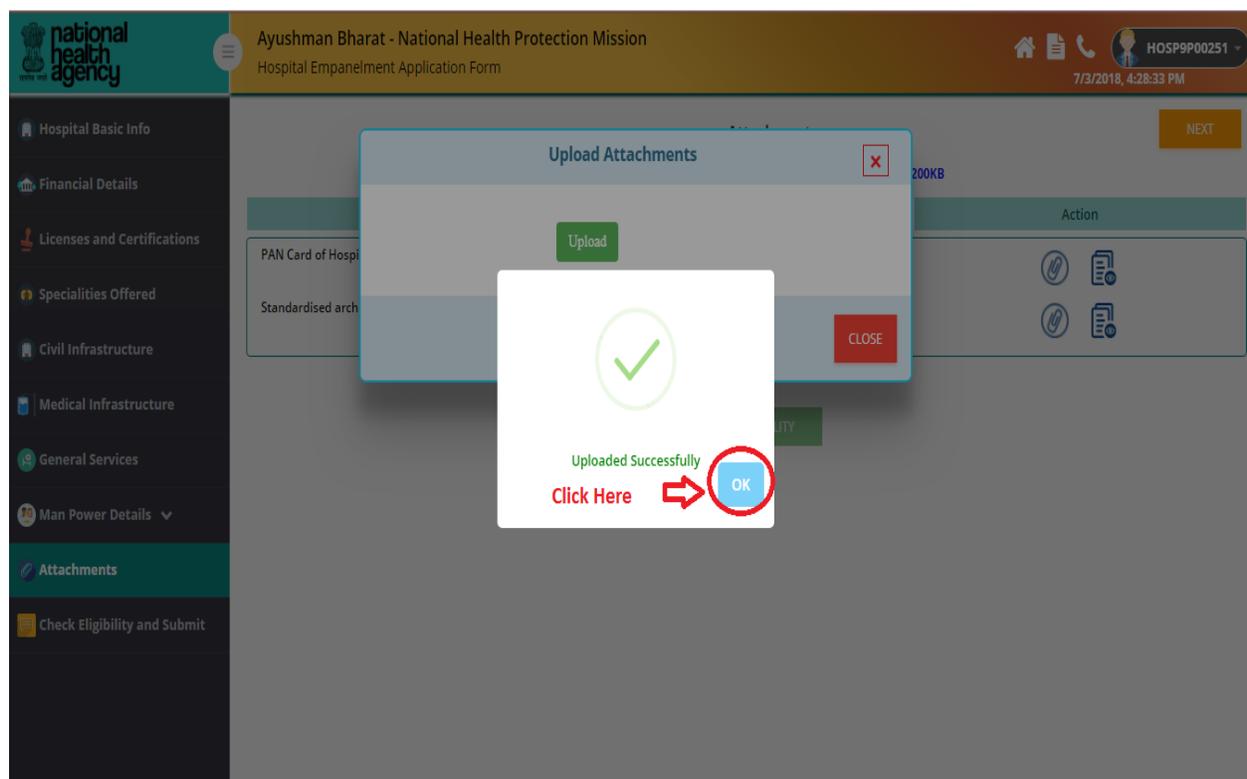


Screen shot 61

स्वस्थ आपका, साथ हमारा

Hospital Empanelment Module - User Manual

Step 15.3: Attachment Tab – Showing an Alert as ‘Uploaded Successfully’ after the file is uploaded successfully. (As shown in screenshot 62).

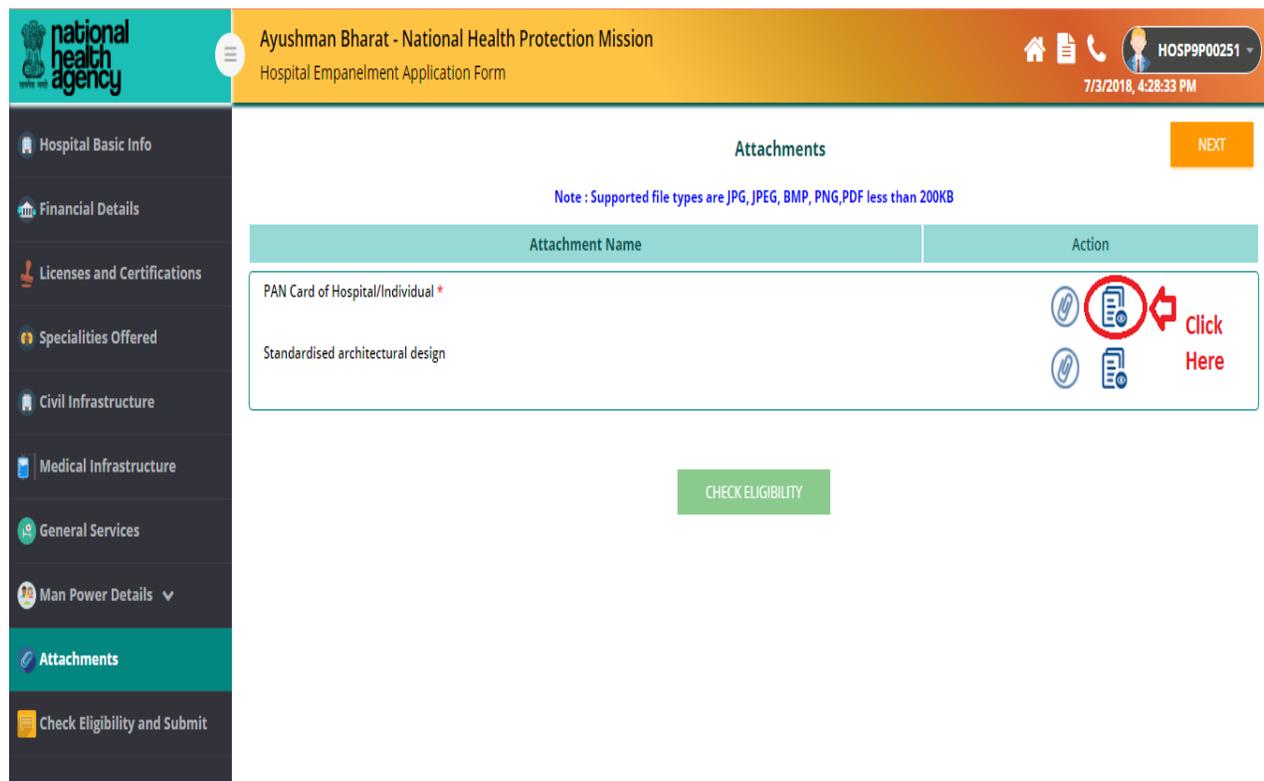


Screen shot 62

स्वस्थ आपका, साथ हमारा

Hospital Empanelment Module - User Manual

Step 15.4: Attachments Tab – After adding the Attachments, Click on ‘View Attachment’ Icon – To view the Document uploaded. (As shown in screenshot 63).



The screenshot shows the 'Attachments' tab in the Hospital Empanelment Application Form. The interface includes a sidebar with navigation options, a header with the mission name and user ID, and a main content area with a table of attachments. A 'CHECK ELIGIBILITY' button is visible at the bottom.

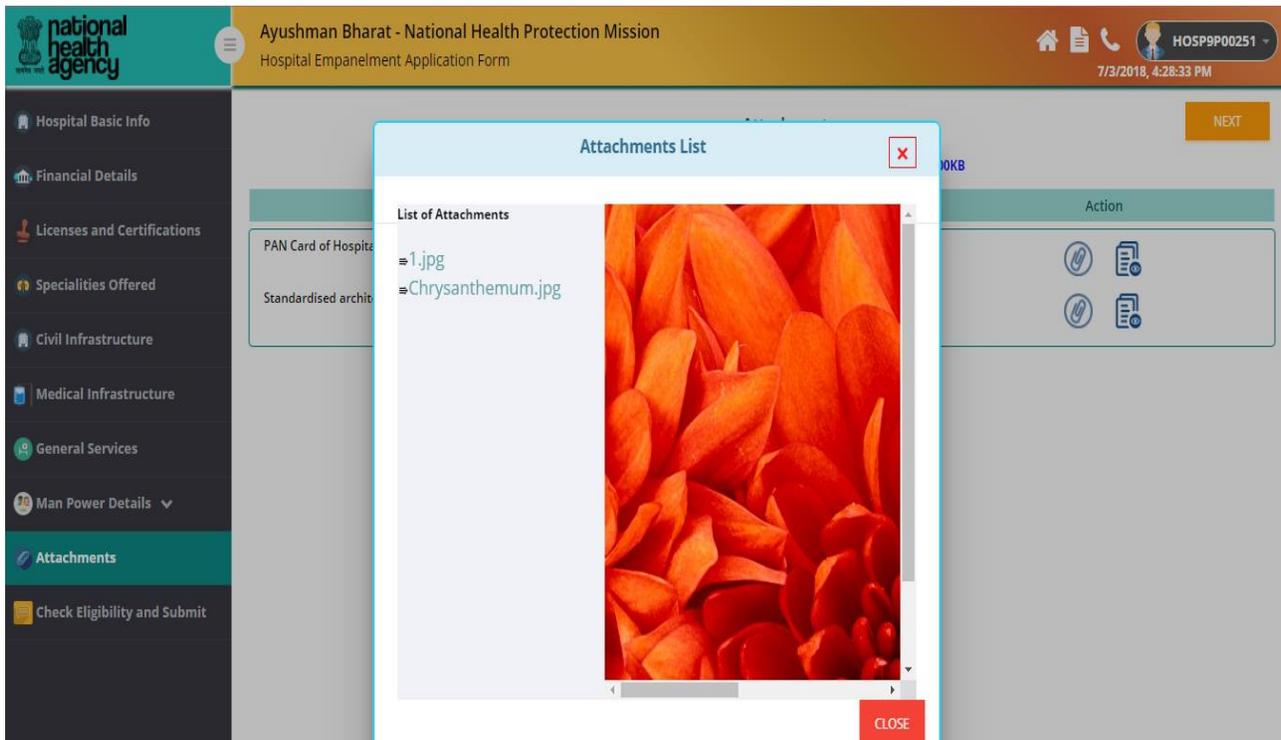
Attachment Name	Action
PAN Card of Hospital/Individual *	   Click Here
Standardised architectural design	   Click Here

CHECK ELIGIBILITY

Screen shot 63

Hospital Empanelment Module - User Manual

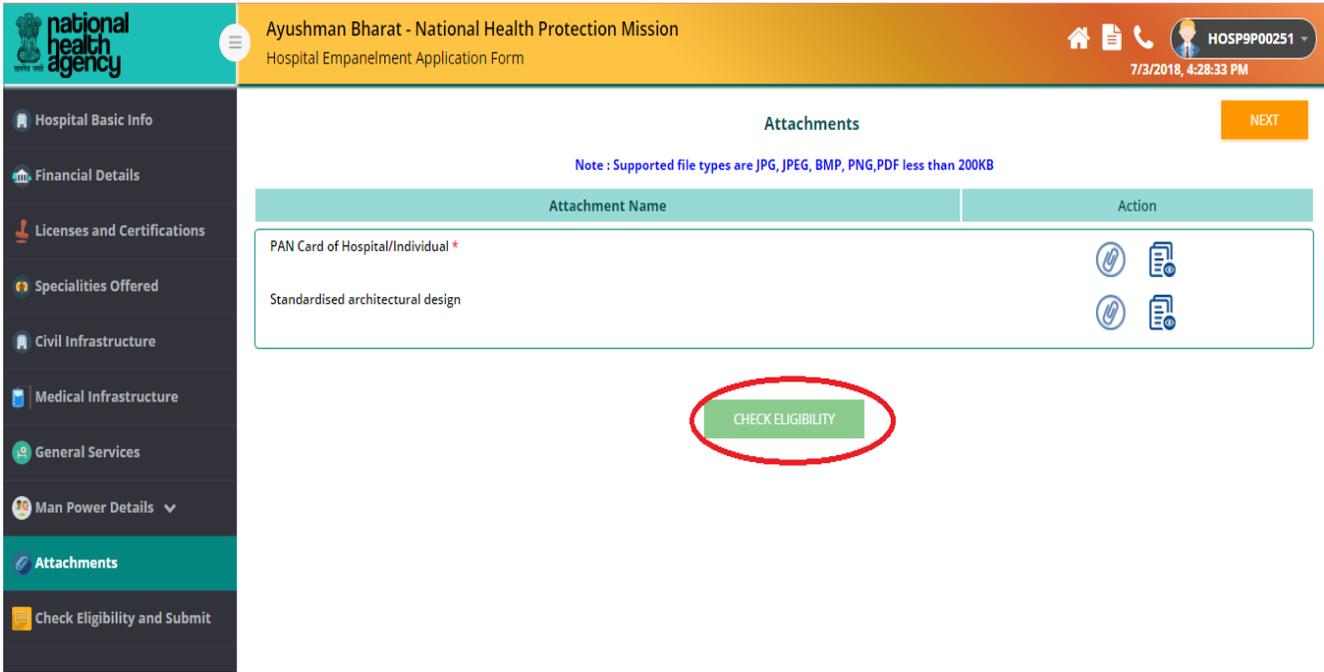
Step 15.5: Attachment Tab – After Clicking on ‘View Attachment’ - A list of Document Names attached will be displayed, upon clicking on the Document name -That Particular Document will get displayed. (As shown in screenshot 64).



Screen shot 64

स्वस्थ आपका, साथ हमारा

Step 15.6: Attachment Tab – After attaching all the Required Documents – Click on ‘Check Eligibility’ Button – To check the Eligibility of the details given. (As shown in screenshot 65).



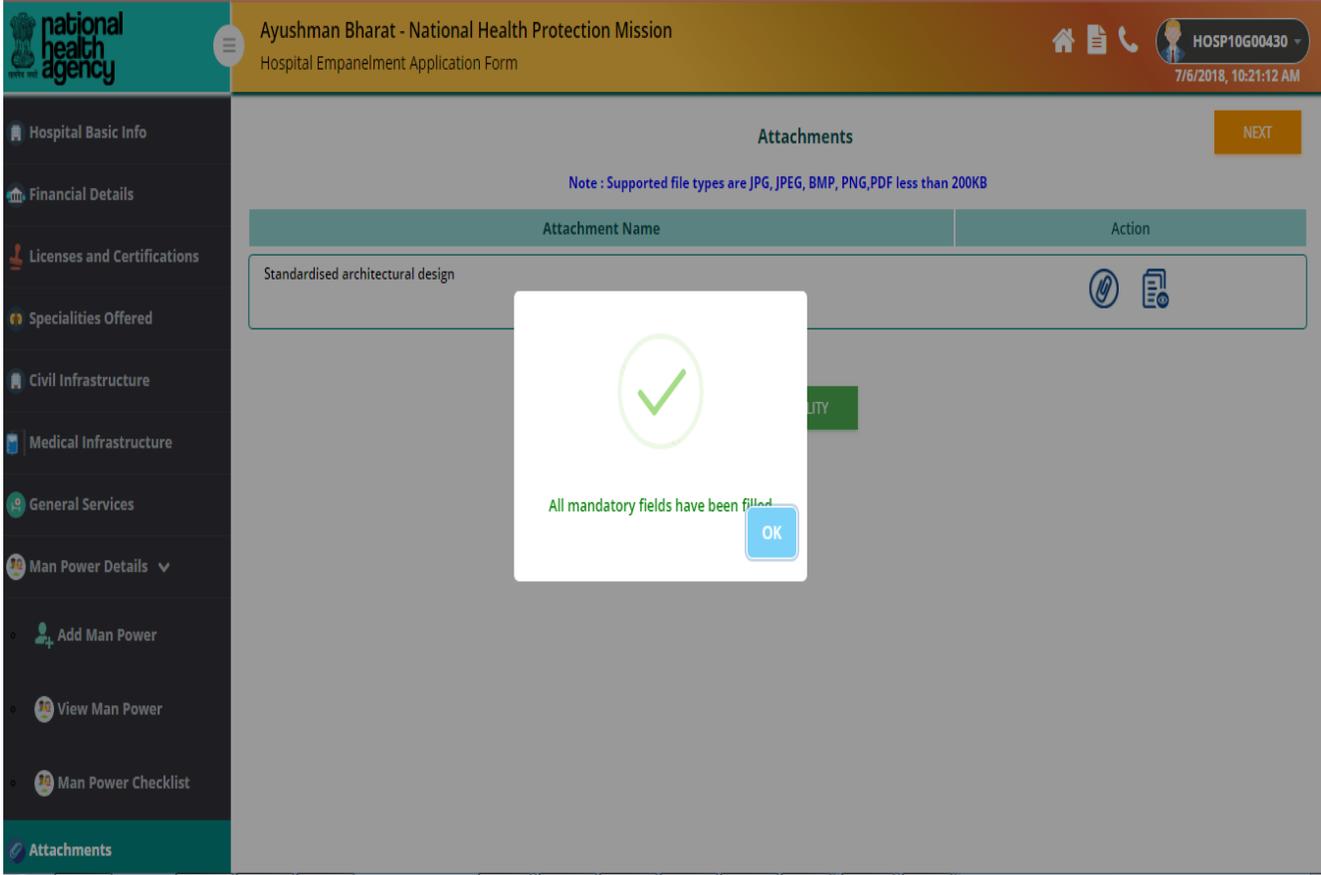
The screenshot displays the 'Hospital Empanelment Application Form' interface. The top navigation bar includes the National Health Agency logo, the mission name 'Ayushman Bharat - National Health Protection Mission', and user details 'HOSP9P00251' with a timestamp '7/3/2018, 4:28:33 PM'. A sidebar on the left lists various form sections, with 'Attachments' currently selected. The main content area is titled 'Attachments' and features a 'NEXT' button. A note specifies supported file types: 'Supported file types are JPG, JPEG, BMP, PNG, PDF less than 200KB'. Below this is a table with two columns: 'Attachment Name' and 'Action'. The table lists two attachments: 'PAN Card of Hospital/Individual *' and 'Standardised architectural design', each with a paperclip icon and a document icon. At the bottom center, a green 'CHECK ELIGIBILITY' button is circled in red.

Attachment Name	Action
PAN Card of Hospital/Individual *	 
Standardised architectural design	 

Screen shot 65

Hospital Empanelment Module - User Manual

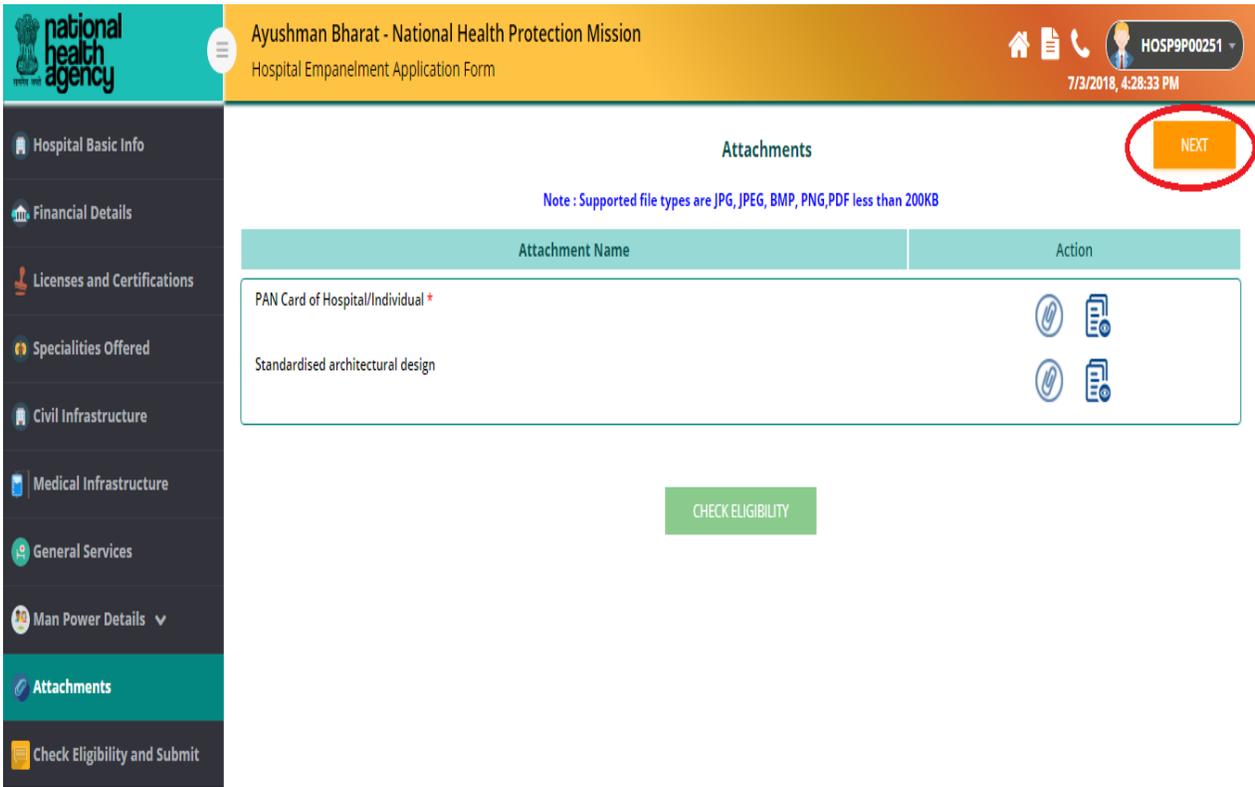
Step 15.7: Attachments Tab – After Clicking on ‘Check Eligibility’ an alert will be displayed as ‘Eligibility Criteria Met’ if the attached Documents meets the Eligibility Criteria. Click on ‘Ok’ to proceed further. (As shown in screenshot 66).



The screenshot displays the 'Attachments' tab of the Hospital Empanelment Application Form. The interface includes a sidebar with navigation options such as 'Hospital Basic Info', 'Financial Details', 'Licenses and Certifications', 'Specialities Offered', 'Civil Infrastructure', 'Medical Infrastructure', 'General Services', 'Man Power Details', and 'Attachments'. The main content area shows a table with columns for 'Attachment Name' and 'Action'. A note indicates supported file types: 'Supported file types are JPG, JPEG, BMP, PNG, PDF less than 200KB'. A table entry shows 'Standardised architectural design' with a 'NEXT' button. A modal alert is displayed in the center, featuring a green checkmark icon and the text 'All mandatory fields have been filled', with an 'OK' button.

Screen shot 66

Step 15.8: Attachment Tab – After Checking the Eligibility Criteria for the Document – Click on ‘Next’ to proceed further. (As shown in screenshot 67).



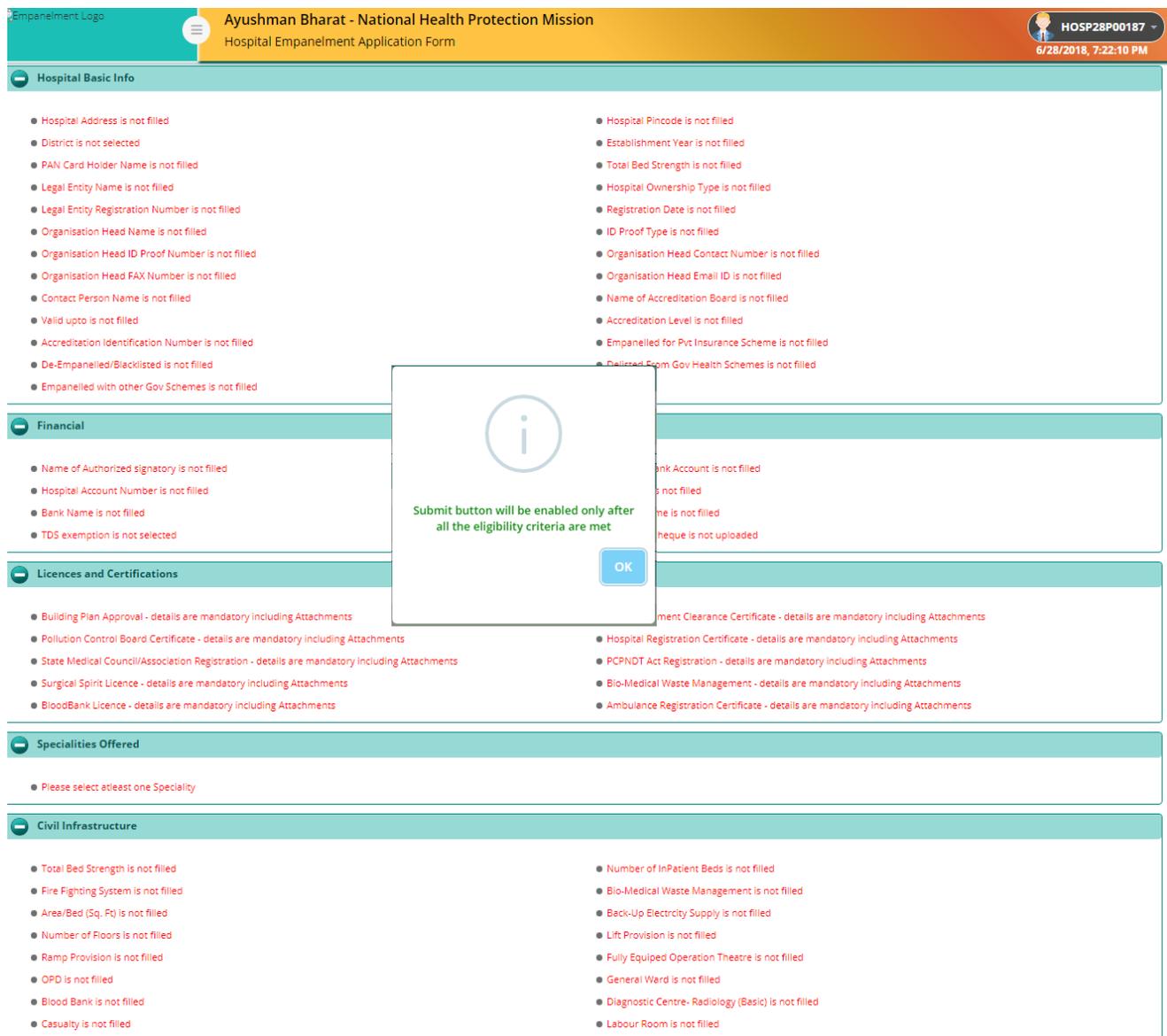
The screenshot displays the 'Hospital Empanelment Application Form' interface. The top navigation bar includes the National Health Agency logo, the mission name 'Ayushman Bharat - National Health Protection Mission', and the user ID 'HOSP9P00251'. The left sidebar lists various form sections, with 'Attachments' currently selected. The main content area is titled 'Attachments' and contains a table with two columns: 'Attachment Name' and 'Action'. Two attachments are listed: 'PAN Card of Hospital/Individual *' and 'Standardised architectural design'. Each attachment has a 'Next' button (represented by a document icon) and a 'Check Eligibility' button (represented by a magnifying glass icon). A red circle highlights the 'Next' button for the 'PAN Card' attachment. Below the table, there is a green 'CHECK ELIGIBILITY' button.

Attachment Name	Action
PAN Card of Hospital/Individual *	 
Standardised architectural design	 

Screen shot 67

2. Check Eligibility

Step 16:: **Check Eligibility Tab** – Shows Eligibility Criteria Details of all the Menu's – If eligibility criteria is not met for all the menu's as per the requirement then Tab will come in red mark ,then **remarks** and **submit** will not be displayed. (As shown in screenshot 68.1).



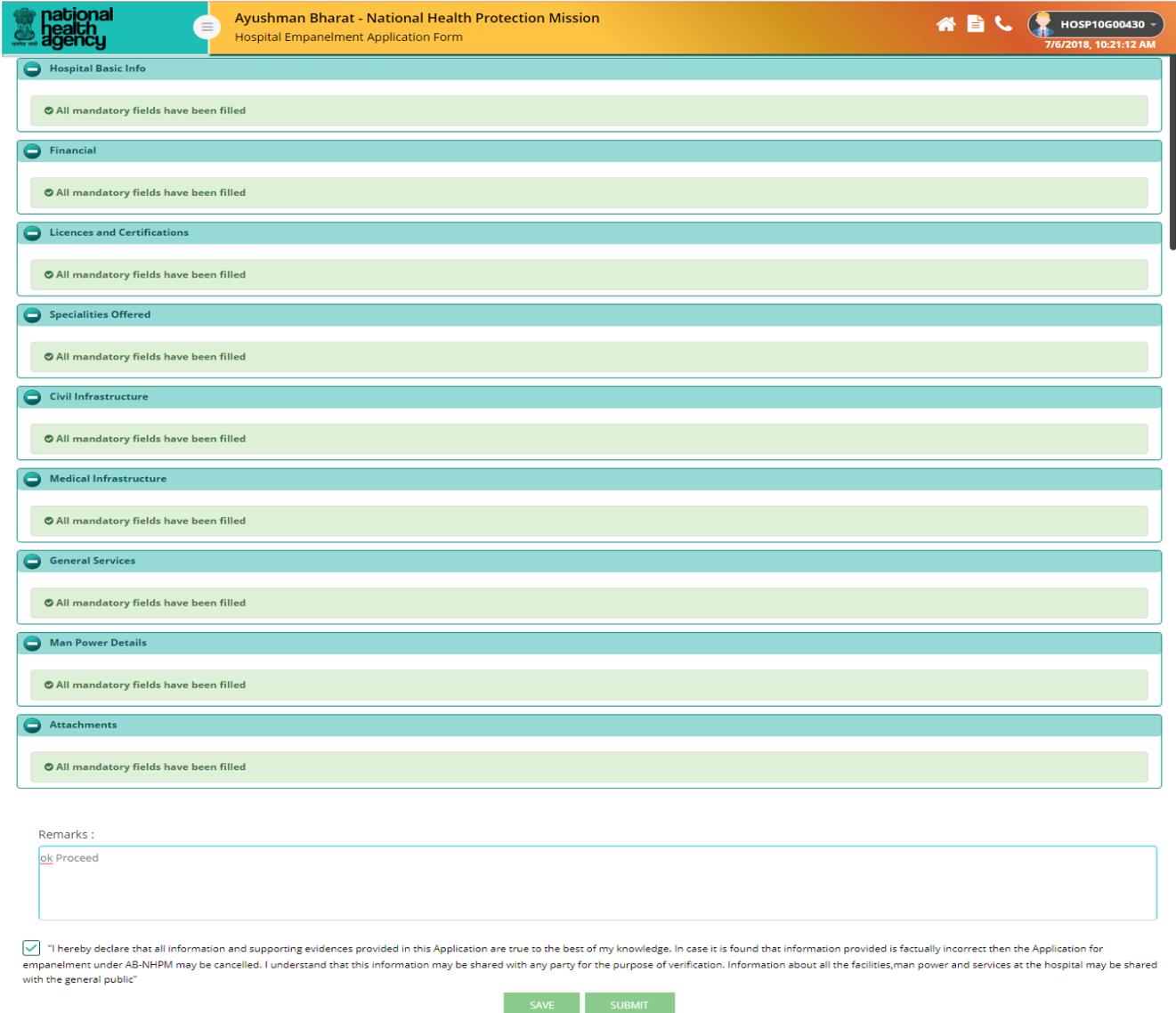
The screenshot displays the 'Hospital Empanelment Application Form' interface. The top navigation bar includes the Ayushman Bharat logo, the user's profile (HOSP28P00187), and the date/time (6/28/2018, 7:22:10 PM). The form is divided into several sections, each with a list of criteria marked as 'not filled' in red:

- Hospital Basic Info:** Hospital Address, District, PAN Card Holder Name, Legal Entity Name, Legal Entity Registration Number, Organisation Head Name, Organisation Head ID Proof Number, Organisation Head FAX Number, Contact Person Name, Valid upto, Accreditation Identification Number, De-Empanelled/Blacklisted, Empanelled with other Gov Schemes, Hospital Pincode, Establishment Year, Total Bed Strength, Hospital Ownership Type, Registration Date, ID Proof Type, Organisation Head Contact Number, Organisation Head Email ID, Name of Accreditation Board, Accreditation Level, Empanelled for Pvt Insurance Scheme, Debarred From Gov Health Schemes.
- Financial:** Name of Authorized signatory, Hospital Account Number, Bank Name, TDS exemption.
- Licences and Certifications:** Building Plan Approval, Pollution Control Board Certificate, State Medical Council/Association Registration, Surgical Spirit Licence, BloodBank Licence, Hospital Registration Certificate, PCPNDT Act Registration, Bio-Medical Waste Management, Ambulance Registration Certificate.
- Specialities Offered:** Please select atleast one Speciality.
- Civil Infrastructure:** Total Bed Strength, Fire Fighting System, Area/Bed (Sq. Ft), Number of Floors, Ramp Provision, OPD, Blood Bank, Casualty, Number of InPatient Beds, Bio-Medical Waste Management, Back-Up Electricity Supply, Lift Provision, Fully Equiped Operation Theatre, General Ward, Diagnostic Centre- Radiology (Basic), Labour Room.

A central message box with an information icon and an 'OK' button contains the text: "Submit button will be enabled only after all the eligibility criteria are met".

Screen shot 68.1

Step 16 If eligibility criteria is met for all the menu's as per the requirement then section will come in green mark , remarks and submit will be displayed and we can proceed further. (As shown in screenshot 68.2).



The screenshot displays the 'Hospital Empanelment Application Form' interface. The top navigation bar includes the National Health Agency logo, the mission name 'Ayushman Bharat - National Health Protection Mission', and the form title 'Hospital Empanelment Application Form'. On the right, there are icons for home, documents, and a user profile with ID 'HOSP10G00430' and a timestamp '7/6/2018, 10:21:12 AM'. The main content area consists of ten sections, each with a green bar indicating that all mandatory fields have been filled: Hospital Basic Info, Financial, Licences and Certifications, Specialities Offered, Civil Infrastructure, Medical Infrastructure, General Services, Man Power Details, and Attachments. Below these sections is a 'Remarks' field containing the text 'ok Proceed'. At the bottom, there is a declaration checkbox which is checked, followed by a 'SAVE' button and a 'SUBMIT' button.

Screen shot 68.2

स्वस्थ आपका, साथ हमारा

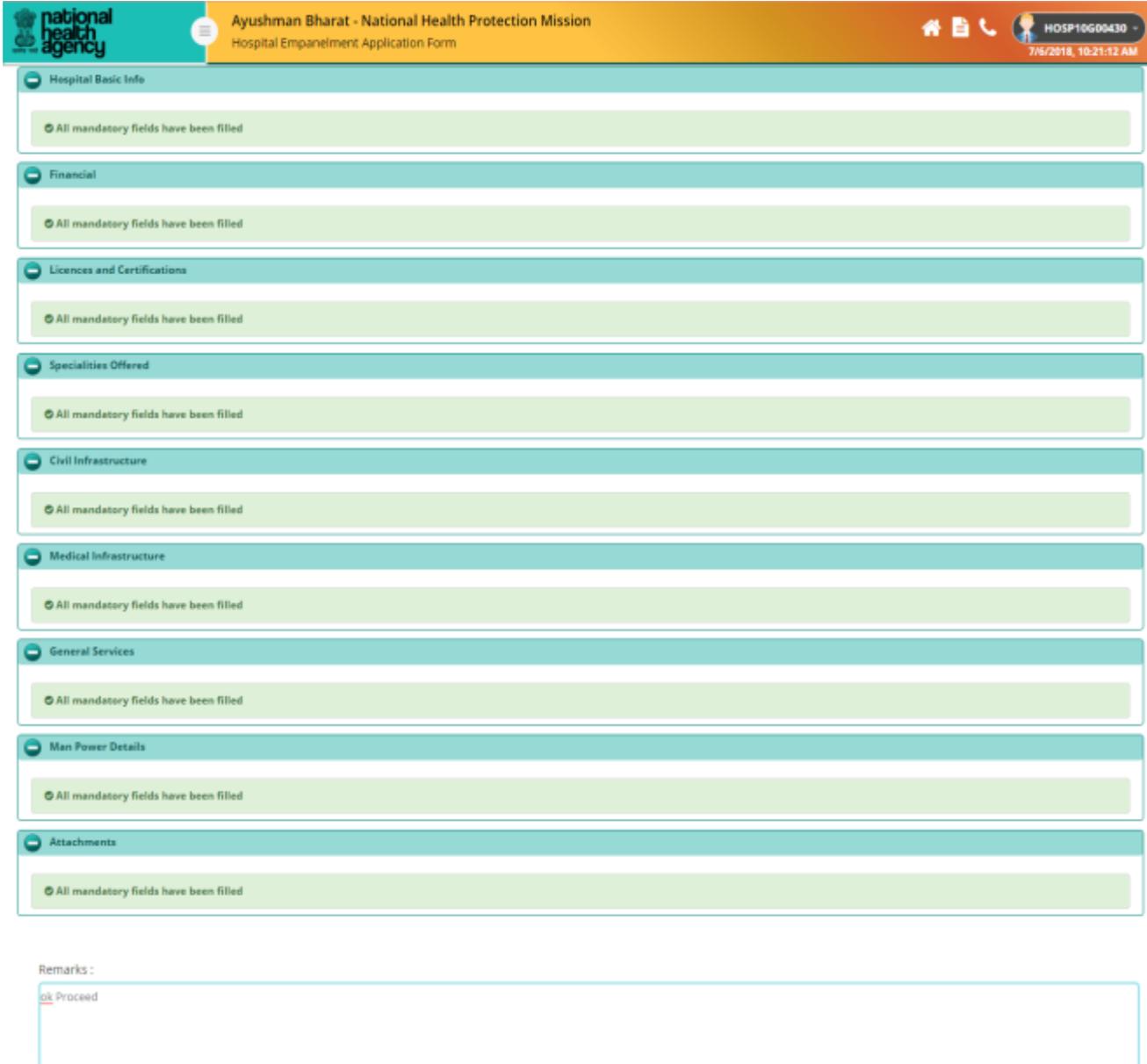


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Step 16.1: Check Eligibility Tab – After giving the Remarks – Click on ‘Save’ button – to save the Remarks given. (As shown in screenshot 69).

स्वस्थ आपका, साथ हमारा

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national health agency Ayushman Bharat - National Health Protection Mission
Hospital Empanelment Application Form

HOSP10G00430
7/6/2018, 10:21:12 AM

- Hospital Basic Info**
All mandatory fields have been filled
- Financial**
All mandatory fields have been filled
- Licences and Certifications**
All mandatory fields have been filled
- Specialities Offered**
All mandatory fields have been filled
- Civil Infrastructure**
All mandatory fields have been filled
- Medical Infrastructure**
All mandatory fields have been filled
- General Services**
All mandatory fields have been filled
- Man Power Details**
All mandatory fields have been filled
- Attachments**
All mandatory fields have been filled

Remarks :
ok Proceed

"I hereby declare that all information and supporting evidences provided in this Application are true to the best of my knowledge. In case it is found that information provided is factually incorrect then the Application for empanelment under AB-NHPM may be cancelled. I understand that this information may be shared with any party for the purpose of verification. Information about all the facilities, man power and services at the hospital may be shared with the general public."

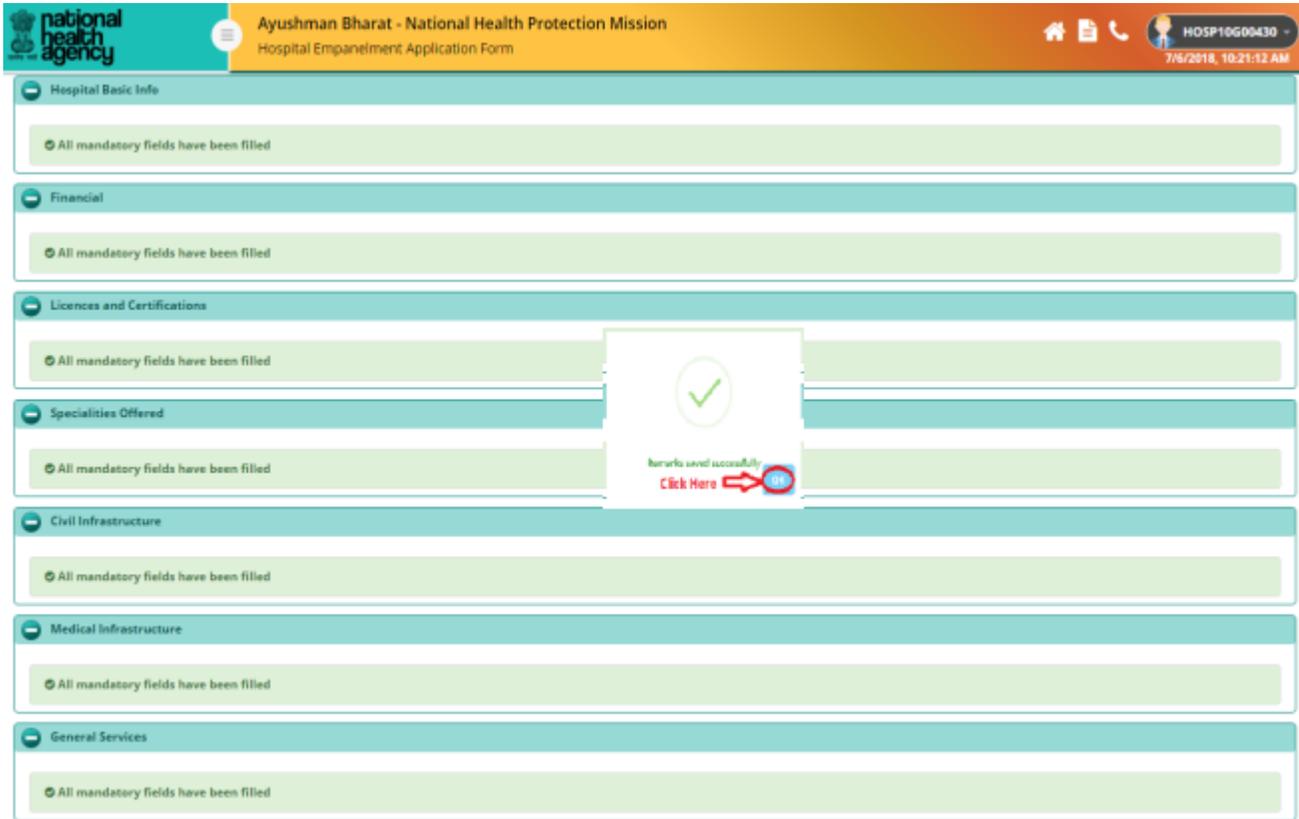
SAVE **SUBMIT**

Screen shot 69

स्वस्थ आपका, साथ हमारा

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Step 16.2: Check Eligibility Tab – Showing an alert as ‘Remarks Saved Successfully’ after clicking on save. (As shown in screenshot 70).



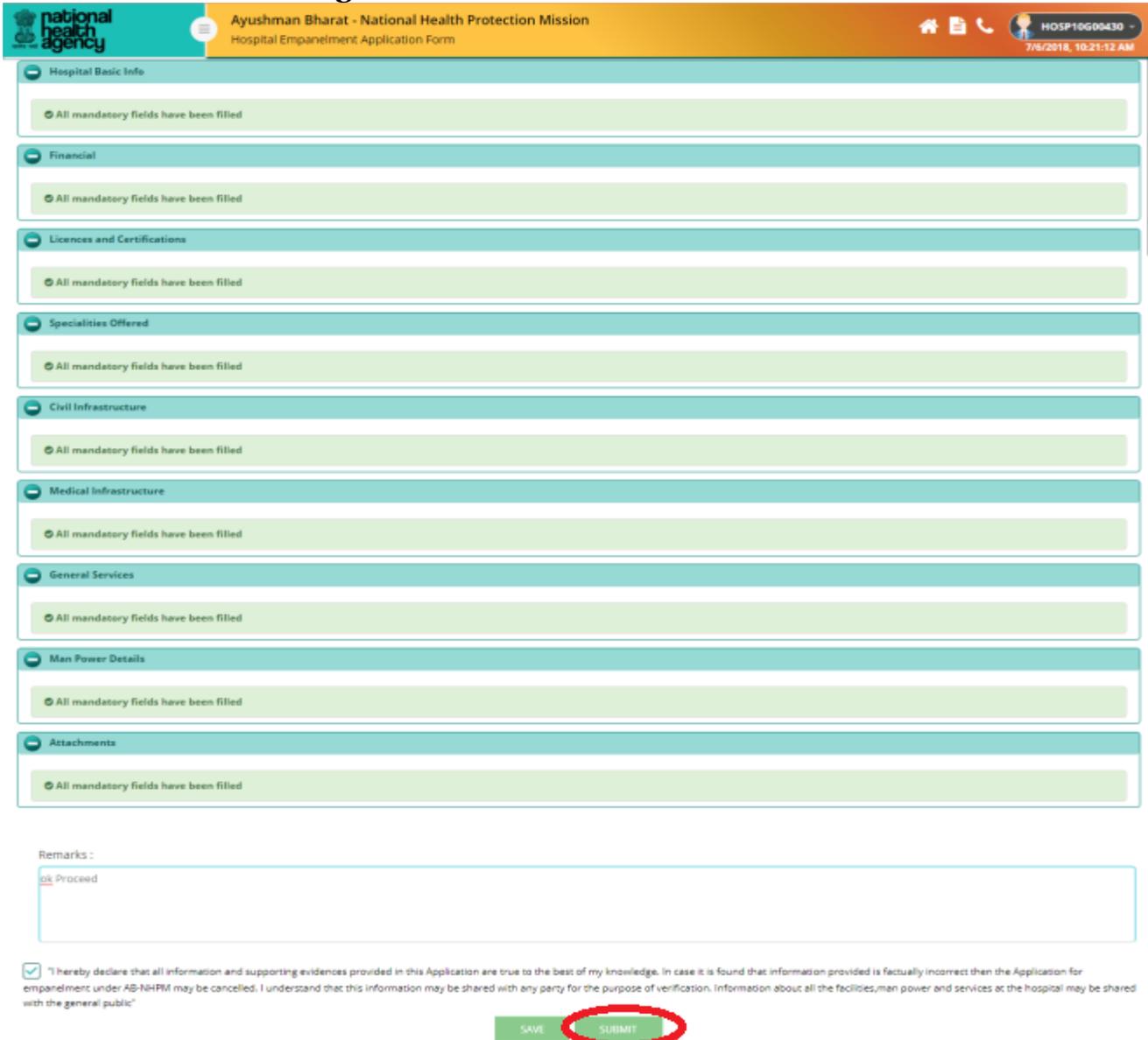
The screenshot displays the 'Hospital Empanelment Application Form' interface. The header includes the National Health Agency logo and the text 'Ayushman Bharat - National Health Protection Mission Hospital Empanelment Application Form'. The user ID 'HOSP10G00430' and the date/time '7/5/2018, 10:21:12 AM' are visible in the top right corner. The form is divided into several sections, each with a status message: 'All mandatory fields have been filled'. The sections are: Hospital Basic Info, Financial, Licences and Certifications, Specialities Offered, Civil Infrastructure, Medical Infrastructure, and General Services. A central alert box with a green checkmark and the text 'Remarks saved successfully' is overlaid on the 'Licences and Certifications' section. A red arrow points to a 'Click Here' link within the alert box.

Screen shot 70

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Step 16.3: Check Eligibility Tab – Click on ‘Submit’ button – An alert will be shown as ‘Do you want to Submit Hospital details’ after clicking on ‘Submit’. Click on ‘OK’ to proceed further. (As shown in screenshot 71).

Note: Before Submitting need to select declaration check box.

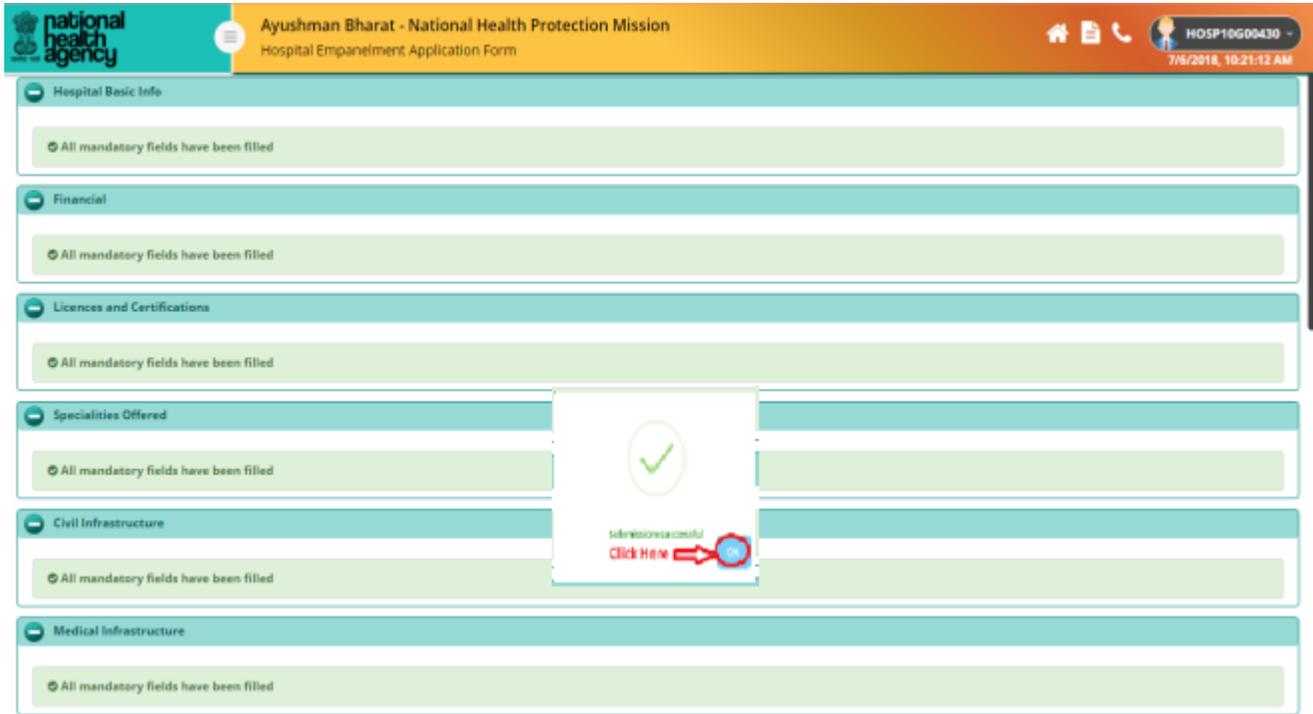


The screenshot displays the 'Hospital Empanelment Application Form' interface. The top navigation bar includes the National Health Agency logo, the mission name 'Ayushman Bharat - National Health Protection Mission', and the form title. The main content area is divided into several sections, each with a status message: 'All mandatory fields have been filled'. These sections are: Hospital Basic Info, Financial, Licences and Certifications, Specialities Offered, Civil Infrastructure, Medical Infrastructure, General Services, Man Power Details, and Attachments. Below these sections is a 'Remarks' field containing the text 'Ok Proceed'. At the bottom, there is a declaration checkbox which is checked, followed by a 'SAVE' button and a 'SUBMIT' button. The 'SUBMIT' button is circled in red.

Screen shot 71

स्वस्थ आपका, साथ हमारा

Step 16.4: Check Eligibility Tab – Showing an alert as ‘Submitted Successfully’ after submitting the Hospital details. (As shown in screenshot 72).



The screenshot displays the 'Hospital Empanelment Application Form' interface. The header includes the National Health Agency logo and the text 'Ayushman Bharat - National Health Protection Mission Hospital Empanelment Application Form'. The form is divided into several sections, each with a status bar indicating 'All mandatory fields have been filled':

- Hospital Basic Info
- Financial
- Licences and Certifications
- Specialities Offered
- Civil Infrastructure
- Medical Infrastructure

A central alert box is overlaid on the form, featuring a green checkmark and the text 'Submission successful Click Here' with a red arrow pointing to a button. The top right corner shows the user ID 'HOSP10G00430' and the timestamp '7/8/2018, 10:21:52 AM'.

Screen shot 72