

Ayushman Bharat Digital Health
Mission
(ABDM) –

Health Facility - Registration
(HFR)

Our Toll Free number: 1800-11-4477/14477

+A A A- | English



User clicks on **Login/Registration** button



National Healthcare Providers Registry

Healthcare Professionals Registry

Healthcare Professionals Registry (HPR) is a comprehensive repository of registered and verified different system of medicines (Modern medicine, Dentistry, Ayurveda, Unani, Siddha, Sowa-Rigpa, Homeopathy) and Nurses practitioners delivering healthcare services across India.

[Read more](#)

Health Facility Registry

Health Facility Registry is a comprehensive repository of health facilities of the country across modern and traditional systems of medicine. It includes both public and private health facilities including hospitals, clinics, diagnostic

[Read more](#)

Login to National Healthcare Providers Registry

Login Via



Healthcare Professional ID/Username



Mobile Number

Registered Mobile Number*

+91

5+1=?



Cancel

Login

Do not have an account? [Register Here](#)

New user will click on
Registration button



Create your Healthcare Professional ID

The Healthcare Professional ID will connect you to the India's Digital Health ecosystem

Generate Healthcare Professional ID via



Aadhaar



Driving License

Enter your Aadhaar Number/Virtual ID*

ENG

हिंदी

I, hereby declare that I am voluntarily sharing my Aadhaar Number / Virtual ID and demographic information issued by UIDAI, with National Health Authority (NHA) for the sole purpose of creation of Healthcare Professional ID. I understand that my Healthcare Professional ID can be used and shared for purposes as may be notified by Ayushman Bharat

I agree

3+4=?



Reset

Submit

Already have an account? [Login Here](#)

The user will select **Aadhaar** as an option to create HPID

Create your Healthcare Professional ID

The Healthcare Professional ID will connect you to the India's Digital Health ecosystem

Generate Healthcare Professional ID via

  Aadhaar  Driving License

Enter your Aadhaar Number/Virtual ID*

ENG

हिंदी

I, hereby declare that I am voluntarily sharing my Aadhaar Number / Virtual ID and demographic information issued by UIDAI, with National Health Authority (NHA) for the sole purpose of creation of Healthcare Professional ID. I understand that my Healthcare Professional ID can be used and shared for purposes as may be notified by Ayushman Bharat

I agree

3+4=?



Reset

Submit

Already have an account? [Login Here](#)

The user will enter their **Aadhaar** number and click on the **Submit** button

Generate Healthcare Professional ID via



Aadhaar



Driving License

Enter your Aadhaar Number/Virtual ID*

.....



We have sent an OTP to the Aadhaar linked mobile number *****2062

9

7

8

7

7

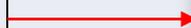
1|

Didn't receive OTP? Resend OTP 68 seconds remaining

Reset

Submit

Enter the OTP sent to the
Aadhaar-linked mobile
number and Submit



Roles *

- I am a Healthcare Professional ⓘ
- I am a Facility Manager/Administrator ⓘ
- I am a Healthcare Professional & Facility Manager ⓘ

The user will select their **role** and enter the category, sub-category.

Category *

Facility Manager ▼

Healthcare Professional ID/Username*

akashsingh1994 @hpr.abdm

Suggestions: akashsingh1994, akashsingh, akash.singh

Password*

..... 

Confirm Password*

..... 

Reset

After entering the password, the user will click on Submit button

Submit

Add New Facility

Our Toll Free number:1800-11-4477/14477 +A A A- | English

   Akash Singh

[Home](#) [About ABDM](#) [Resource Center](#) [Support](#) Know Your Doctor/ Facility



Akash Singh
Aadhaar Verified ✓
Gender Male
Date of Birth 19/10/1994
akashsingh1994@hpr.a
bdm

HPID Number 71-6885-1010-5105
Role Facility Manager/ Administrator
Admin Status 1

Phone No. +91 9455646314 ✓
Email poojabhat821@gmail.com [Verify](#)

The user can add the New Facility .

[My Dashboard](#) [Add New Facility](#) [Transfer Request](#)  

vijay lakshmi eye hospital		vijay lakshmi eye hospital	
IN0910031774	Submitted	IN0910031753	Submitted
Ownership Private		Ownership Private	

Facility Details

Please choose the programme type and enter the programme registration ID if you have previously registered for any of the programmes. The appropriate data fields will be pre-populated as a result.

Linked Program Type

STHMISID

Registration ID

jkkopp

Search

Pincode*

225001

Locate your Facility*

26.9202400000001,81.18361

Facility Name*

vijay lakshmi eye hospital

Country*

India

State/Union Territory*

Uttar Pradesh

District*

Barabanki

Sub District*

Ramnagar

Village/City/Town

Address*

avas vikas colony

Facility Mobile Number

+91

Verify

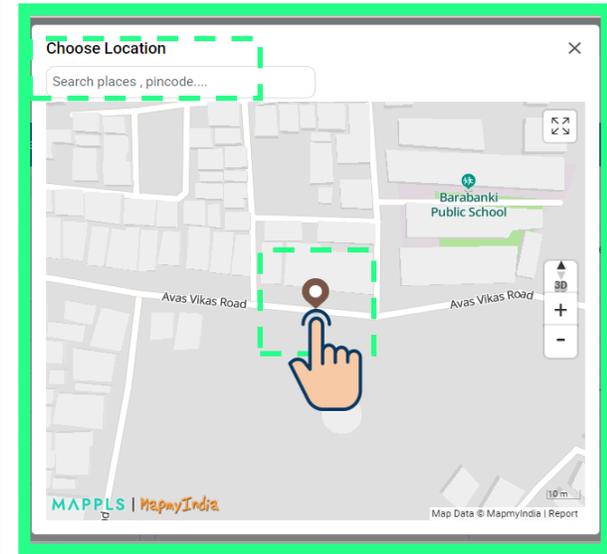
Facility Email

Verify

Facility Landline

Facility Website

Link for booking an Appointment 



- ❖ Enter the Pincode and Click on the map icon present on the right side of the Locate your Facility.
- ❖ The Map would open, where you can search your facility by either entering the name of the Facility or by drag, drop and clicking on the Balloon Icon.

Facility Information Details

Facility Ownership*

Government Private Public-Private-Partnership

Facility Ownership Subtype

Profit Not for Profit

Profit

Sole Proprietorship ... X ▾

System of Medicine (Multiple Selection)*

Modern Medicine(Allopathy)

Dentistry

Physiotherapy

Ayurveda

Unani

Siddha

Sowa-Rigpa

Homeopathy

Facility Type*

Hospital ▾

Facility Sub Type*

Daycare Center ▾

Facility Operation Status *

Functional ▾

Type of Services (Multiple Selection) *

OPD

IPD

Daycare

Save Draft

Click on Save and Next

Save & Next

Service/Specialisation

General OPD Services *

Modern Medicine(Allopathy)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Anaesthesia | <input type="checkbox"/> Aviation medicine | <input type="checkbox"/> Burns, Plastic & reconstructive Surgery | <input type="checkbox"/> Cardiology |
| <input type="checkbox"/> Cardiothoracic and vascular surgery | <input type="checkbox"/> Cath Lab | <input type="checkbox"/> Critical Care | <input type="checkbox"/> Dermatology and Venerology (Skin & VD) RTI/STI |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Endocrinology | <input type="checkbox"/> ENT |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Gastroenterology | <input checked="" type="checkbox"/> General Medicine | <input type="checkbox"/> General Surgery |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Genitourinary Surgery | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Hepatology |
| <input type="checkbox"/> Immunology | <input type="checkbox"/> Interventional cardiology | <input type="checkbox"/> Medicolegal/ Forensic Medicine | <input type="checkbox"/> Neonatology |
| <input type="checkbox"/> Nephrology | <input type="checkbox"/> Neurology | <input type="checkbox"/> Neuroradiology | <input type="checkbox"/> Neurosurgery |

Medical Infrastructure

Number of IPD Beds without Oxygen

Number of IPD Beds with Oxygen

Number of ICU beds with Ventilators

Number of ICU beds without Ventilators

Number of HDU beds with ventilators

Number of HDU beds without Ventilators

Total Number of Beds

Total number of Ventilators

These fields are auto filled

- The timings can be either typed in 24hr format or selected from the timepicker.
- You can use the button  to copy that particular day's timings to another day.
- The Green color means "Facility is open" on that day whereas, Red color means "Facility is closed" on that day.

Days of Operation

Shift 1

Shift 2(if any)

MON		<input type="checkbox"/> 24 Hrs	From	<input type="text" value="09:00"/>	To	<input type="text" value="20:00"/>	From	<input type="text"/>	To	<input type="text"/>
TUE		<input type="checkbox"/> 24 Hrs	From	<input type="text" value="09:00"/>	To	<input type="text" value="20:00"/>	From	<input type="text"/>	To	<input type="text"/>
WED		<input type="checkbox"/> 24 Hrs	From	<input type="text" value="09:00"/>	To	<input type="text" value="20:00"/>	From	<input type="text"/>	To	<input type="text"/>
THU		<input type="checkbox"/> 24 Hrs	From	<input type="text" value="09:00"/>	To	<input type="text" value="20:00"/>	From	<input type="text"/>	To	<input type="text"/>
FRI		<input type="checkbox"/> 24 Hrs	From	<input type="text" value="09:00"/>	To	<input type="text" value="20:00"/>	From	<input type="text"/>	To	<input type="text"/>
SAT		<input type="checkbox"/> 24 Hrs	From	<input type="text" value="09:00"/>	To	<input type="text" value="20:00"/>	From	<input type="text"/>	To	<input type="text"/>
SUN		<input type="checkbox"/> 24 Hrs	From	<input type="text"/>	To	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>

▲ Uploads (Optional)

Facility Building Photograph



Drag and drop files, or [Browse](#)

Maximum size allowed for the attachment is 5MB. PNG/JPEG/JPG file types are supported

Facility Board Photograph



Drag and drop files, or [Browse](#)

Maximum size allowed for the attachment is 5MB. PNG/JPEG/JPG file types are supported

Address Proof Type

Electricity Bill



Address Proof



Drag and drop files, or [Browse](#)

Maximum size allowed for the attachment is 5MB. PNG/JPEG/JPG/PDF file types are supported

[Add Address Proof](#)

▲ Linked Program IDs (Optional)

NHRR ID

National Identification Number (NIN)

ROHINI IDS (As allotted by IIB)

AB PMJAY Hospital ID

CGHS Hospital ID

ECHS Hospital ID

State HMIS ID

State Insurance Scheme Hospital ID

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

Yes No

[Back](#)

[Save Draft](#)

[Save & Next](#)

[Facility Registration Form](#)[Detailed Facility Information](#)[Preview Profile](#)

The below information is for public display



vijay lakshmi eye hospital

Facility Manager Akash Singh

Facility Mobile Number +91 9455646314 

Facility Email 

Facility Address avas vikas colony

System of Medicine Modern Medicine(Allopathy)

To preview your facility registration details [Click here](#)

Your profile will be visible to the public, choose public display settings. [Click here](#)

You provide your consent to this application to display your profile in public

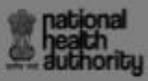
Did anyone assisted you to register in NHFR? *

Yes No

About

Enter the details of your Facility

We pride ourselves on being more than just a medical facility; we are a beacon of hope, healing, and excellence in healthcare. Established with a vision to redefine patient care and set new standards of medical excellence, our hospital stands as a testament to unwavering commitment and compassion.



Facility Registration Form

The below informati



vijay lakshm

- Facility Manage
- Facility Mobile Numbe
- Facility Email
- Facility Address
- System of Medicin
- Facility Typ
- Facility Ownershi
- Facility Stat
- Facility Operation Statu
- Facility Websit
- Total number of bed
- Total number of ventilator

Public Display Information



Mandatory Fields

- Facility Name
- System of Medicine (Multiple Selection)
- Facility Type
- Facility Ownership
- State
- Timing
- Address
- Facility Operation Status

I agree to show my details to public

Optional Fields

- Facility Mobile Number
- Facility Email
- Facility Landline
- Facility Website
- Facility Photo
- Total Number of Beds
- Total number of Ventilators

About

0/500 characters

I don't want to show my details to public

Submit

I am the applicant of the above facility, and do hereby verify that the details as submitted on the portal pertaining to the above facility are true to my personal knowledge and nothing material has been

Facility Operation Status Functional

Facility Website -

Total number of beds 14

Total number of ventilators 5

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

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

[Back](#)[Draft](#)

Click on E-sign
and Submit

[E-sign & Submit](#)



सत्यमेव जयते
Ministry of Electronics and
Information Technology
Government of India



You are currently using C-DAC eSign Service and have been redirected from



CDAC's e-Sign Service

[View Document Information](#)

Aadhaar Number Virtual ID UID Token [Get Virtual ID](#)

Aadhaar TOTP Aadhaar OTP [How to generate TOTP?](#)

Enter Aadhaar
Number



Click on Get
OTP Button



You are currently using C-DAC eSign Service and have been redirected from



CDAC's e-Sign Service

View Document Information

Aadhaar Number Virtual ID UID Token

[Get Virtual ID](#)

Aadhaar TOTP Aadhaar OTP

[How to generate TOTP?](#)

I hereby state that I have no objection in authenticating myself with Aadhaar based authentication system and consent to providing my Aadhaar number/VID/UID Token and One Time Pin (OTP)/Time-based One Time Password (TOTP) data for Aadhaar based authentication. I understand that the OTP/TOTP I provide for authentication shall be used only for authenticating my identity through the Aadhaar Authentication system and for obtaining my e-KYC through Aadhaar e-KYC service only for the purpose of esigning.

[▶ Listen to Consent](#) English ▾

OTP has been sent to mobile number <*****2062>

[Not Received OTP? Resend OTP](#)

Enter the OTP received on the registered mobile

Click on Submit Button

PDF generated after the successful submission of the Facility

To Whom It May Concern

The following health facilities are submitted in Health Facility Registry of Ayushman Bharat Digital Mission:

Sr No	Facility Id	Facility Name	State/UT	District	Facility Ownership	Facility Type	Submitted Date
1	IN0910031774	vijay lakshmi eye hospital	UTTAR PRADESH	Barabanki	Private	Hospital	01-04-2024

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

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

- Name: Akash Singh
- Healthcare Professional ID Number: 71-6885-1010-5105
- Mobile Number: 9455646314
- Email ID: poojabhat821@gmail.com
- Digital Signature:

Digitally signed by
Date: 2024.04.01 13:09:14 IST
Reason: HFR Facility Registration
Location: NA

Facility ID

Is created and Submitted for Verification..

vijay lakshmi eye hospital 

IN0910031753 **Submitted**

Ownership Private

Address avas vikas colony Barabanki Uttar Pradesh
225001

[Add Healthcare Professional](#) [Software Linkage](#)

[Register for DHIS](#)

Digital Certificate

Only For Approved Facility...

Home About ABDM Resource Center

Testing

IN0110005827 **Approved**

Ownership Government [↓ Certificate](#)

Address Address New Delhi Delhi 110029

[Reset Password](#)

Add Healthcare Professional

Software Linkage Register for DHIS

national health authority

DIGITAL HEALTH FACILITY

All India Institute of Medical Science AIIMS Delhi

Health Facility Registration No

IN0710003396

Ayushman Bharat

This is to certify that facility has been registered for Healthcare Facility Registry (HFR) under Ayushman Bharat Digital Mission, National Health Authority

National Health Authority
Ministry of Health and Family Welfare
Government of India

Date
2024-03-14

Thank You