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# **User Manual**

**Of**

**Citizen Login**

**For**

## **Registration of Medical Establishment**

**Developed For:**

**Department of Medical Health and Family Welfare,  
Uttar Pradesh**

**Version 1.0**

**Designed & Developed By :  
Team IT Cell  
DGMH UP**

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# **1. About the Document**

## **1.1 Overview**

Citizen Login for Registration of Medical Establishment of Department of Medical Health and Family Welfare, Uttar Pradesh is an online web application which is developed for Citizen. Purpose of development of this web application is to Register User for Medical Establishment.

## **1.2 Scope of the Document**

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

## **1.3 Intended Audience**

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

## **1.4 Document Convention**

This User Manual has following conventions:

- a. Fields which have \* sign at the end; indicate that those fields are mandatory.
- b. Error Messages are displayed in Pop-up box.
- c. Success Messages are mentioned in pop-up.
- d. All the menu links will be mentioned in the side menu.

## **1.5 System Requirements**

To run this application there are some basic requirements such as:

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

## **2. About Registration of Medical Establishment**

### **2.1 Introduction**

Registration of Medical Establishment is a process of registration of citizen to utilize the other facilities of web application of Department Of Medical Health And Family Welfare, Uttar Pradesh. One citizen can register on this application for single time only.

### **2.2 User/Applicant Type**

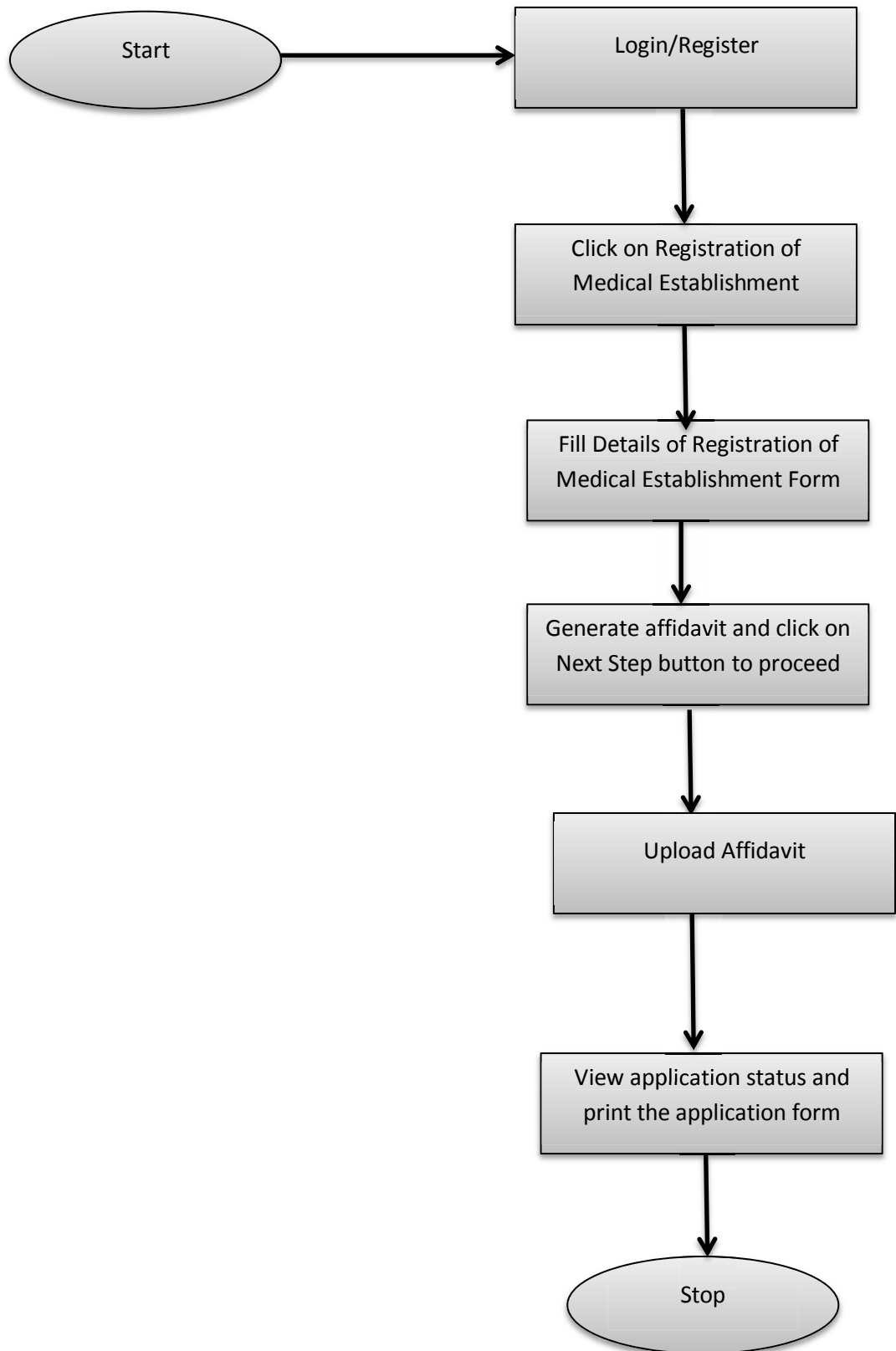
Citizens are the users of the web application of Department of Medical Health and Family Welfare, Uttar Pradesh.

### **2.3 Terms & Conditions/Eligibility**

- It is the right of nodal officer to accept or reject the application form by mentioning the “cause of rejection.”
- Nodal officer will appoint the inspection committee & schedule the date of Inspection; applicants need to be physically present in the establishment on the date of inspection.
- Applicants should help the inspection committee & will show the originals of the document attached during submission of application form.
- Applicant should also handover the original Affidavit to the inspection committee with all copy of all attached documents.
- Inspection committee should upload its inspection report in the portal.
- Based on the inspection report CMO is free to approve or reject the application
- If application will be approved then Computer Generated Registration Certificate will be made available on the dashboard of applicants.
- Applicants can also collect their computer generate registration certificate from the office of Chief Medical Officer.
- Validity of Certificate will be 30th April of the next year from the date of Issuance.
- Applicant can apply for renewal of registration certificate through their login but before the 30th April of next financial year.

### 3. Process Flow

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



## **4. How to Apply**

### **4.1 Accessing Portal**

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



Click on Citizen Login Link

Image: Homepage

- Click on the **Citizen Login** Link as mentioned in the image then page will be navigated to Citizen Login page.

## 4.2 Citizen Login Page (Registered User)

- Citizen Login Page will be displayed as shown below:

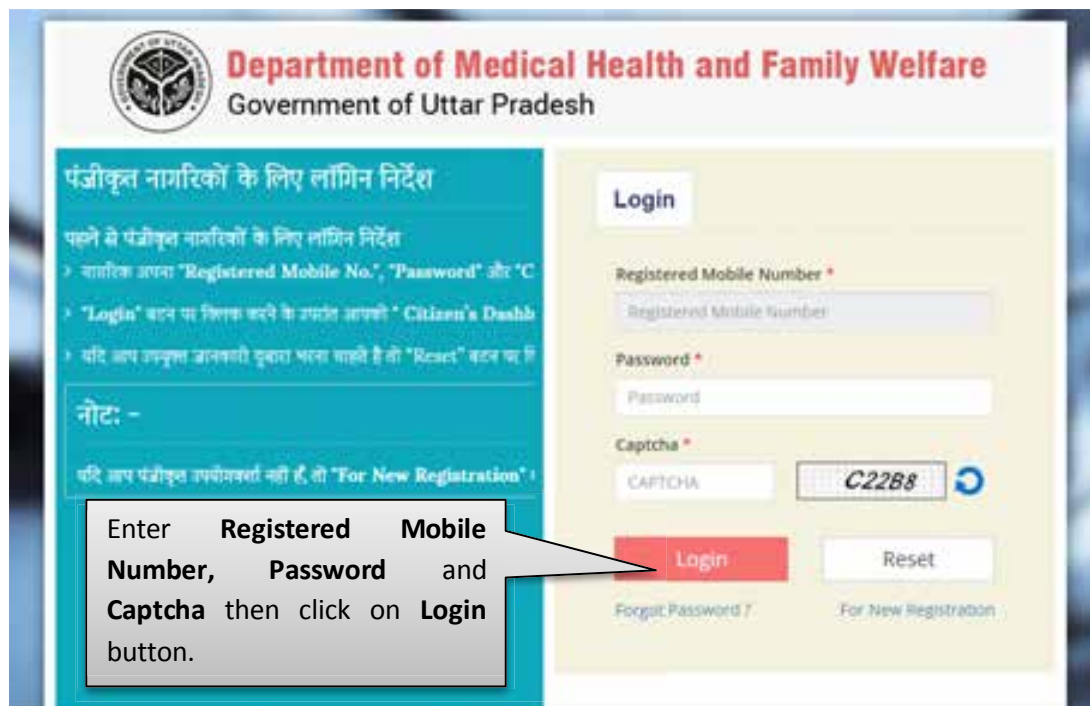


Image: Citizen Login

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

## 4.3 New Registration Link (New User)



Image: New Registration

- Click on **For New Registration** link as shown in image to register as a New User.



## 4.4 Citizen Registration Form

- Citizen Registration page will be displayed as shown below:

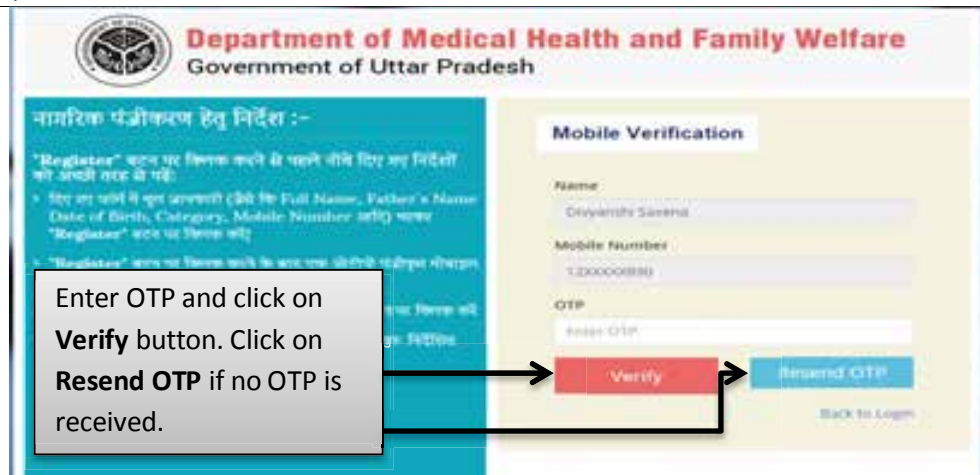
The screenshot shows a web form titled 'Citizen Registration' from the Department of Medical Health and Family Welfare, Government of Uttar Pradesh. On the left, there is a blue sidebar with instructions in Hindi. The main form area contains the following fields: Full Name (text input), Father's Name (text input), Date of Birth (date picker), Category (dropdown menu), Gender (radio buttons for Male, Female, Transgender), Mobile Number (text input), Email Address (text input), Password (text input), and Confirm Password (text input). At the bottom of the form are two red buttons: 'Register' and 'Reset'. Below the 'Reset' button is a link that says 'Registered Users Click here for Login'. A callout box with a white background and a grey border points to the 'Register' button, containing the text: 'Fill the details correctly and click on Register button to register as a New User.'

Image: New Registration Link

- Fill all the details and click on **Register** button to get registered as a new user.
- Click on **Reset** button to reset the details.

## 4.5 Mobile Verification Form

- After completing the Registration Form an OTP will be sent on mobile number entered by you for mobile verification process.
- Mobile Verification page will be displayed as shown in next page:



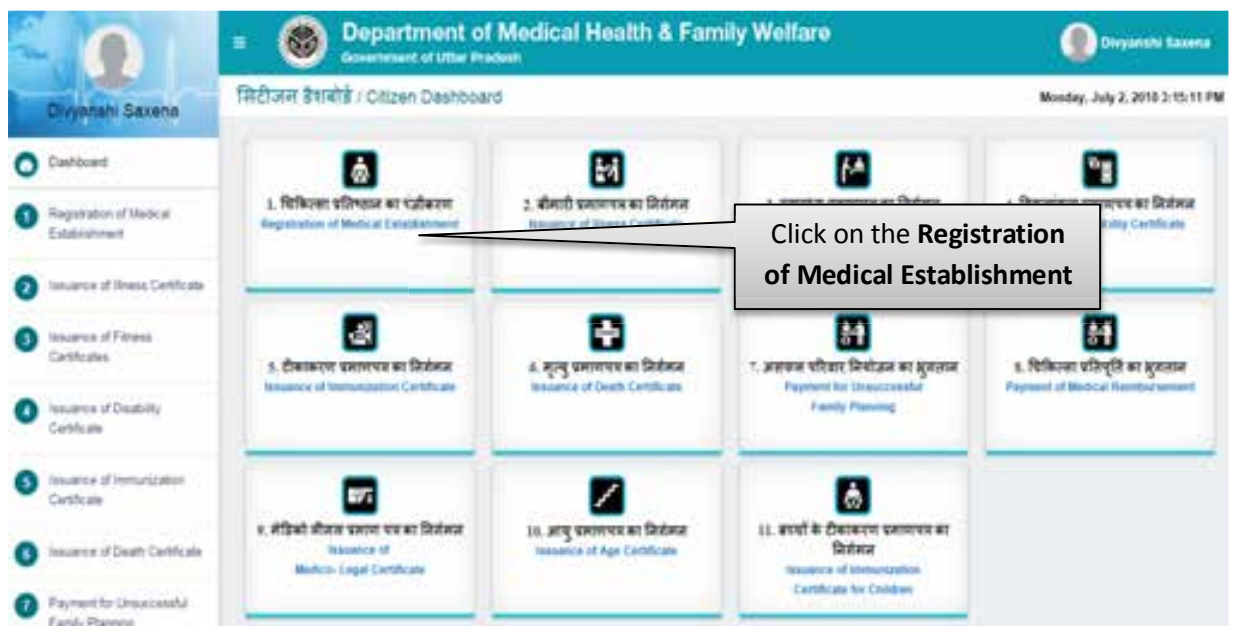
**Image: Mobile Verification**

- Enter the OTP and click on **Verify** button.
- If OTP has not been received then click on **Resend OTP** button.

**Note:** User will have to login as mentioned in Point no. 4.2 after mobile verification.

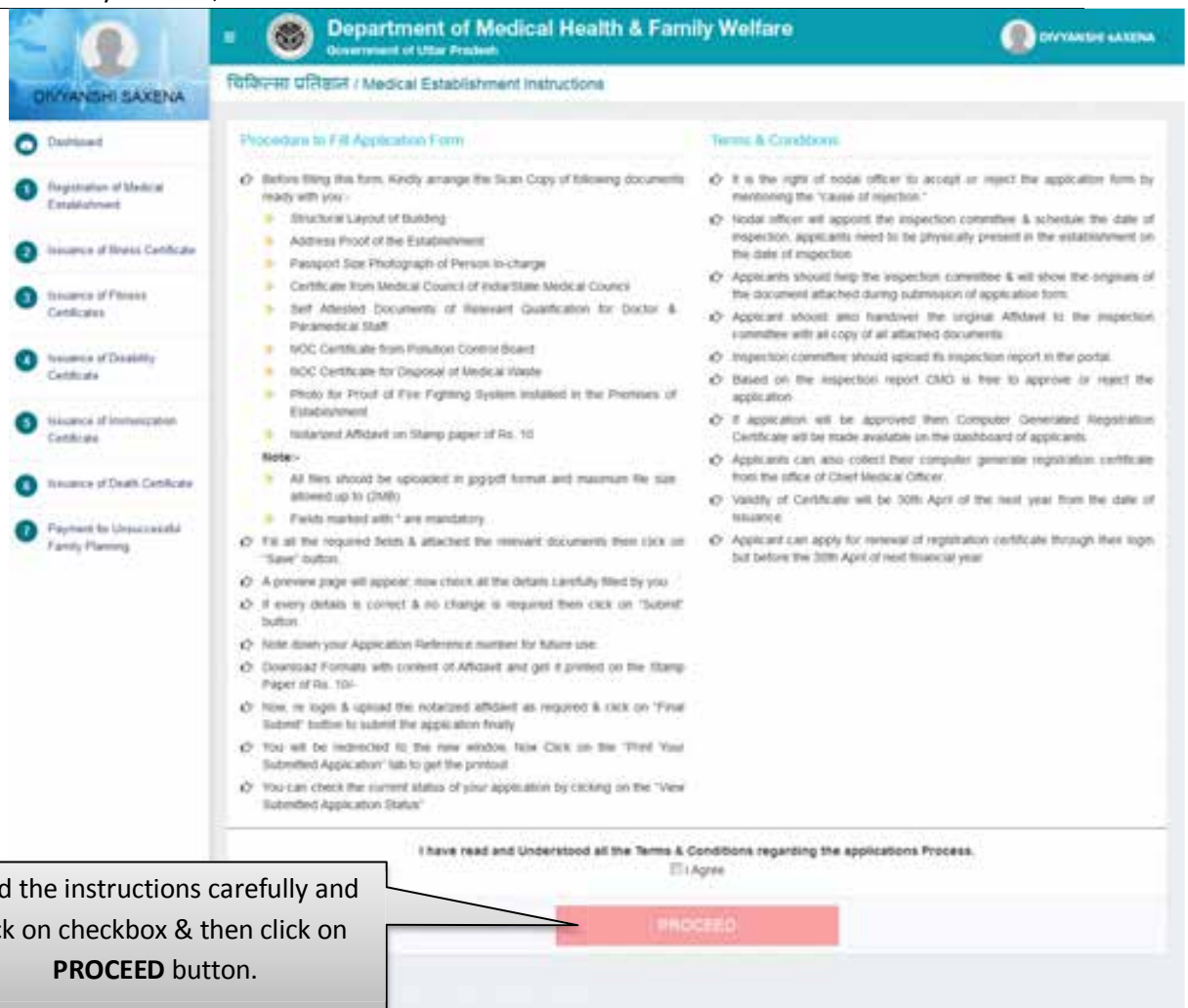
## 4.6 Dashboard

- After login user will be redirected to the dashboard.
- Dashboard will be displayed as shown below :



**Image: Dashboard**

- Click on the **Registration of Medical Establishment** to proceed.
- After that Instructions page to fill application form will be displayed as shown in below:



**Image: Instructions to Fill Application Form**

- Read the instructions carefully and click on checkbox & then click on the **PROCEED** button.

### a. Application Form for Registration of Medical Establishment

- After clicking on Proceed button user will be redirected to the Application Form for Registration of Medical Establishment, page will be displayed as shown below:

Department of Medical Health & Family Welfare  
Government of Uttar Pradesh
UP/MSHW/SAXENA

Application form for Registration of Medical Establishment

Note :- All files that will be uploaded should be in .jpg and .pdf format and maximum file size should be 200K KB (2 MB).

#### DETAILS OF MEDICAL ESTABLISHMENT

Area Of Establishment* <input type="radio"/> Urban <input type="radio"/> Rural	Place Of Establishment* <input type="radio"/> Dist <input type="radio"/> Block	Type Of Land* <input type="radio"/> Commercial <input type="radio"/> Residential
Establishment Name*	Category* --Select--	Is operated by* --Select--
Upload Building Structural Layout* <input type="button" value="UP/LOAD"/>		

#### ADDRESS OF MEDICAL ESTABLISHMENT

Telephone No./ Mob. No. <input type="text"/>	Website <input type="text"/>	Address* <input type="text"/>
State Uttar Pradesh	District* --Select--	Pin code* <input type="text"/>
		Address Proof* <input type="button" value="UP/LOAD"/>

#### MEDICAL SERVICES

Details of Medical Services Offered\* (Click on icon of medical services)

#### DETAILS OF PERSON IN CHARGE

Name*	Mobile No.*	Email ID*	Relevant Qualification*
Institution Name*	Name Of Contract/State/Coop/Chk*	Registration Number/ID/CRMP*	Address*
State* Uttar Pradesh	District* --Select--	Pincode* <input type="text"/>	Photograph* <input type="button" value="UP/LOAD"/>
Upload MCI/MP/ Certificate* <input type="button" value="UP/LOAD"/>			

#### DETAILS OF DOCTOR

S.No.	Name	Father's Name	Relevant Qualification	Institution	Registration Type	Registration No. of MCI/MP	Part/Full Time	Upload Qualification Documents	Remove
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	--Select--	<input type="text"/>	--Select--	<input type="button" value="UP/LOAD"/>	<input type="button" value="X"/>

#### DETAILS OF PARAMEDICAL STAFF

S.No.	Name	Father's Name	Relevant Qualification	Institution	Registration Type	Registration No. of MCI/MP	Part/Full Time	Upload Qualification Documents	Remove
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	--Select--	<input type="text"/>	--Select--	<input type="button" value="UP/LOAD"/>	<input type="button" value="X"/>

#### TYPE OF FACILITIES OFFERED

Inpatient\*  Yes  No  
 Outpatient\*  Yes  No  
 Laboratory\*  Yes  No  
 Imaging\*  Yes  No  
 If Other Facilities Please Specify\*

Have you Obtained NOC from Pollution Control Board?  Yes  No

Have you Obtained Certificate from agency for Disposal of Waste/Water?  Yes  No

Business at Risk  Yes  No

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

**Image: Application Form for Registration of Medical Establishment**

- Select and fill all the details in Application Form for Registration of Medical Establishment and then click on **Save** button.
- After that Preview Application Form pop up will be displayed.
- Click on **Reset** button to reset the details.

## b. Preview Application Form

- Preview Application form page will be displayed as shown below:

The screenshot shows a 'Preview Application Form' window. It contains the following fields and values:

Details of Establishment	
Establishment Area	Urban
Establishment Type	Clinic
Land Type	Commercial
Name	test
Category	Maternity Home
Operated by	Firm
Name of Firm	test
Building Structural Layout	[Download Icon]
Address of Medical Establishment	
Telephone No./ Mob. No.	02225678904
Website	test.com
Address	test
State	Uttar Pradesh

At the bottom of the form are two buttons: a blue 'Submit' button and a red 'Edit' button. A callout box points to these buttons with the text: 'Check the details and click on **Submit** button to proceed. Click on **Edit** button if there is any correction in the application form.'

Image: Preview Application Form

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

## c. Registration Confirmation

- After submitting the form, Registration Confirmation Page will be displayed as shown below:



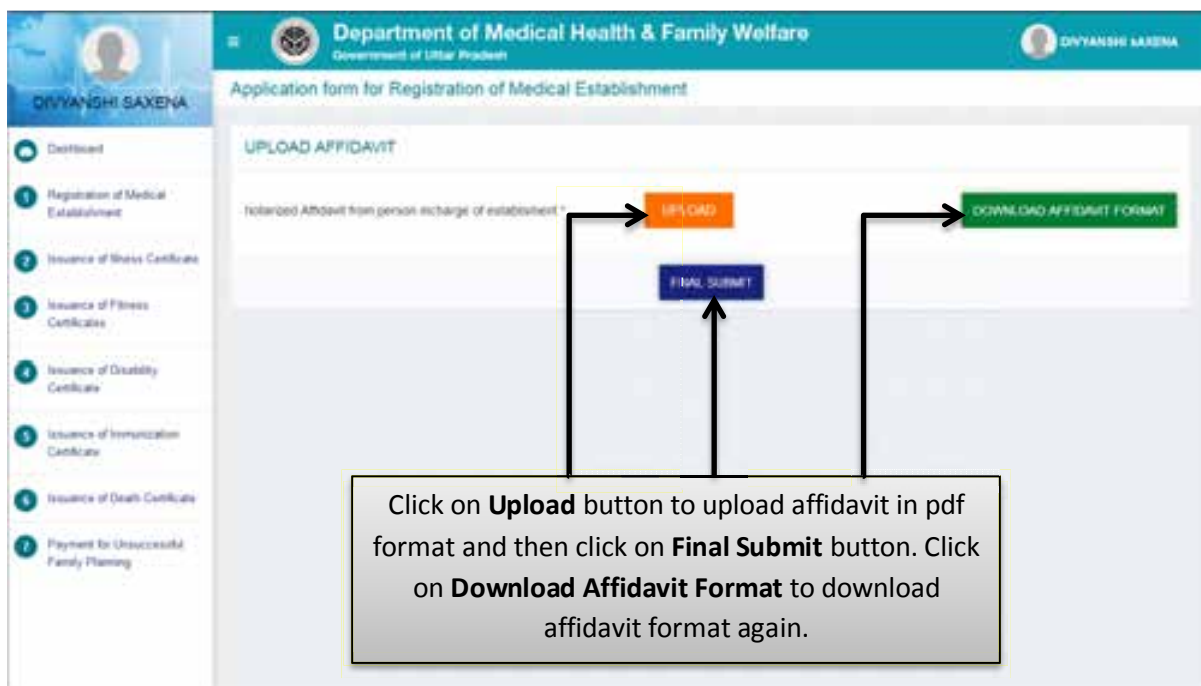


**Image: Registration Confirmation**

- Click on **Download Affidavit Format** button to download affidavit.
- Click on **Next Step** button to proceed.

#### d. Upload Affidavit

- Upload Affidavit Page will be displayed as below :



**Image: Upload Affidavit**

- Click on **Upload** button to upload affidavit in pdf format.
- Click on **Final Submit** button for submitting the affidavit.
- Click on **Download Affidavit Format** button to download affidavit format.

## e. Medical Establishment Dashboard

- After uploading the affidavit, user will be redirected to the Medical Establishment Dashboard. Screen will be displayed as shown below:



**Image: Medical Establishment Dashboard**

- Click on **New Registration Application Form** to fill new form.
- Click on **Renew Registration Application Form** to renew the form.
- Click to **View Submit Application Status** to view the status of submitted application.

## f. List of Submitted Application

- After clicking on the View Submitted Application tab user will be redirected to the List of Submitted Application. Page will be displayed as below:

Department of Medical Health & Family Welfare  
Government of Uttar Pradesh

List of Submitted Application


Once your application form is approved by the Chief Medical Officer (CMO), you can download the certification of Registration from Download Certificate column.

S No.	Application No.	Application Date	Establishment Name	Print	Current Status	Reject Remark	Application Type	Affidavit	C
1	MEZ000180	30/01/2019	test	<a href="#">Print Form</a>	Pending		New	<a href="#">Download</a>	Pt
2	MEZ000139	30/01/2019	test	<a href="#">Print Form</a>	Pending		New	<a href="#">Download</a>	Pt

Click on **Print Form** button to print the application form.

Click here to download the affidavit format.

**Image: List of Submitted Application**

- Click on Print Form button to print the application form.
- Click on this  icon to download the affidavit format.