

Hospital Empanelment Module(HEM)-Diagnostic Center Registration under AB PM-JAY

Self Help Guide

- ❖ Account Creation
- ❖ Diagnostic Center Basic Information
- ❖ Financial Details
- ❖ Specialties Offered
- ❖ Investigations
- ❖ List of Hospitals
- ❖ Licenses and Certificate
- ❖ Check Eligibility and Submit

Account Creation

Before submitting the registration request, the authorized diagnostic center representative has to create an account through which detailed information will be submitted.


The steps for creating the account are given below.


Please ensure that a working **mobile number & email** is provided at the time of registration



Account Creation With AB-PMJAY

Step 1: hospitals.pmjay.gov.in

← → ↻  hospitals.pmjay.gov.in/empApplicationHome.htm?actionVal=loginPage 🔍 ☆ ⚙️ m Update

 **PRADHAN MANTRI JAN AROGYA YOJANA**
Ayushman Bharat


[Geo Location of Hospitals](#) [Hospital login](#) [Dept User Login](#)


[Home](#) [Empanelment Criteria](#) [User Manual](#) [Contact Us](#) [Cyber Suraksha Dishaanirdesh](#)


Are you an administrator of the hospital and wants to apply for registration under the following?
क्या आप अस्पताल के प्रशासक हैं और निम्नलिखित के तहत पंजीकरण के लिए आवेदन करना चाहते हैं?

☒ PMJAY (PMJAY)
☐ Only CGHS (केवल CGHS)
☐ Only CAPF (केवल CAPF)
☐ NO (नहीं)

Already started the Empanelment Process ? [Login](#)

 Hospital / Lab Reference Number *

 Password *

17www9 

(Please enter visible characters in the text box)


[Forgot Hospital/ Laboratory Reference Number](#) [Forgot Password?](#)

LOGIN

Note: This is not a job application portal. Please do not apply for any kinds of job here.
यह नौकरी आवेदन पोर्टल नहीं है। कृपया यहाँ किसी भी प्रकार की नौकरियों के लिए आवेदन न करें।

Step 2: Select PMJAY

Account Creation With AB-PMJAY



AYUSHMAN BHARAT
 PRADHAN MANTRI JAN AROGYA YOJANA

[Geo Location of Private Hospitals](#)
[Hospital login](#)
[Dept User Login](#)

[Home](#)
[Empanelment Criteria](#)
[User Manual](#)
[Contact Us](#)
[Cyber Suraksha Dishaanirdesh](#)

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

Create an Account

Diagnostic State*

ANDHRA PRADESH

Diagnostic District*

---Select---

Diagnostic Name*

Diagnostic Parent Type*

---Select---

Contact Person Mobile*

Contact Person Email*

Hospital Type*

Diagnostic Center Registration

---Select---

Public

Private(Not For Profit)

Private(For Profit)

Government Of India

Temporary Empanelment - HEM Lite

11 Diagnostic Center Registration

Empanelment Type*

PMJAY

Do you have a ROHINI ID?*

---Select---

(Please enter visible characters in the text box)

CREATE ACCOUNT

Already started the Empanelment Process ? Login

Hospital / Lab Reference Number *

Please enter value.

PROCEED

Step 1: Select Your State

Step 2: Select District

Step 3: Mention Center Name

Step 4: Select Parent Type (Group/Single)

Step 4: Select Contact Person Number

Step 5: Select Contact Person Email

Step 6: Select Hospital Type (Diagnostic Center Registration)

Step 7: Empanelment Type (PMJAY)

Step 7: Enter Captcha

Step 8: Select Create Account

Note:

1. Please Select the Contact Person Mobile Number carefully, the login ID and password will be sent on the same number.
2. Please note the email of contact person will be used for all the further communications by NHA.
3. Please retain and save your diagnostic centre ID, its your identity for further communication with AB PMJAY

Account Creation With AB-PMJAY



Your Login credentials for AB-PMJAY registration are
Diagnostic Center Reference Number: DIAG..... and
Password:2345

Note: Password is only the numeric digits as highlighted above

You will now receive an SMS as given above with reference number & temporary password.

Account Creation With AB-PMJAY

hospitals.pmjay.gov.in/empApplicationHome.htm?actionVal=loginPage

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Geo Location of Hospitals Hospital login Dept User Login

Home Empanelment Criteria User Manual Contact Us Cyber Suraksha Dishaanirdesh

Create an Account

Hospital State*
----Select----

District*
----Select----

Hospital Name*

Hospital Parent Type*
----Select----

Contact Person Mobile*

Contact Person Email*

Hospital Type*
----Select----

Empanelment Type*
PMJAY

17t3zk

(Please enter visible characters in the text box)

CREATE ACCOUNT

Already started the Empanelment Process ? Login

Hospital / Lab Reference Number * 1

Password * 2

11ji3t 3

(Please enter visible characters in the text box) 4

LOGIN


Forgot Hospital/ Laboratory Reference Number Forgot Password?

Step 1: Use the Diagnostic Center ID received on registered Number





Step 2: Use the password received on the Registered Phone Number

Step 3: Enter the Captcha

Step 4: Login to Access your account

 PM-JAY

Pradhan Mantri Jan Arogya Yojana - Ayushman Bharat
Hospital Empanelment Application Form

 HOSP98G112894
1/20/2020, 1:10:19 PM

Secret Questions


First Question	What is your favourite Holiday Destination?	<input type="text" value="Delhi"/>
Second Question	What is your favourite Sport?	<input type="text" value="Cycling"/>
Third Question	What is your first school name??	<input type="text" value="Delhi Public School"/>

Note: Please answer 3 Questions to view HomePage.





Upon successful login, this page will be displayed.

Here you have to select three questions and provide your answer. These questions will be used for resetting the password, if you forgot the same. This should be securely recorded for future purpose.

Once you submit the answers, click "SAVE" and then you will be redirected to the page for password reset.

 PM-JAY

Pradhan Mantri Jan Arogya Yojana - Ayushman Bharat
Hospital Empanelment Application Form

    HOSP98G112894
1/20/2020, 1:10:10 PM

Update Password

Old Password *

New Password *

Confirm New Password *

Mobile No. *

Email-Id *

(eg. xyz@tcs.com or xyz@tcs.co.in)

SAVE

RESET

Password Rules


Your Password Should Have:

- At least 8 Characters and not more than 12 Characters.
- At least one Uppercase and one Lowercase Character
- At least one Number (0-9).
- At least one SpecialCharacter out of these ! @ # \$ % ^ & * - etc.
- New Password shouldn't be the same as last 5 Passwords





After the security question, you will be taken to the page for password reset.

In the “Old Password” Section, insert the password you received through SMS.

Then you provide a new password.

 PM-JAY

Pradhan Mantri Jan Arogya Yojana - Ayushman Bharat
Hospital Empanelment Application Form

    HOSP98G112894 -
1/20/2020, 1:10:19 PM

Update Password

Old Password *

.....

New Password *

.....

Confirm New Password *

Mobile No. *

Email-Id *

Password must meet the following requirements:

At least one letter

At least one capital letter

At least one special character

At least one number

Be at least 8 characters

SAVE

RESET

Password Rules


Your Password Should Have:

- At least 8 Characters and not more than 12 Characters
- At least one Uppercase and one Lowercase Character
- At least one Number (0-9)
- At least one Special Character out of these ! @ # \$ % ^ * - etc.
- New Password shouldn't be the same as last 5 Passwords





Please note that the new password should match the following criteria

- The character length should be 8-12
- There should be atleast one CAPITAL letter and one small letter
- There should be atleast one number and one special character (!@#\$% etc)

While you type the password, a list in green letters will be shown as to which all above conditions are matched.

 PM-JAY

Pradhan Mantri Jan Arogya Yojana - Ayushman Bharat
Hospital Empanelment Application Form

 HOSP98G112894
1/20/2020, 1:10:10 PM

Update Password

Old Password *

New Password *

Confirm New Password *

Mobile No. *

6921118139

Email-Id *

pappu.nhpm@gmail.com

(eg: xyz@tcs.com or xyz@tcs.co.in)

SAVE


RESET

Important Notification

Notes available:-

- 1. All communication will be made through above mobile number and e-mail.

After you enter all the information, click "SAVE".

 PM-JAY

Pradhan Mantri Jan Arogya Yojana - Ayushman Bharat
Hospital Empanelment Application Form

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1/20/2020, 1:30:10 PM

Do you want to proceed?

Click "OK"

OK CANCEL

Old Password *

New Password *

Confirm New Password *

Mobile No. *

8921158139

Email-Id *

pappu.nhpm@gmail.com

(eg: xyz@ics.com or xyz@ics.co.in)

SAVE RESET

Password Rules

Your Password Should Have:

- At least 8 Characters and not more than 12 Characters
- At least one Uppercase and one Lowercase Character
- At least one Number (0-9)
- At least one Special Character out of these ! @ # \$ % ^ & * ~ etc
- New Password shouldn't be the same as last 6 Passwords

PM-JAY

Pradhan Mantri Jan Arogya Yojana - Ayushman Bharat
Hospital Empanelment Application Form

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1/20/2020, 1:10:19 PM

Password Updated Successfully

Click "OK"

OK

Old Password *

New Password *

Confirm New Password *

Mobile No. *

Email-Id *

SAVE RESET


Password Rules

Your Password Should Have:

- At least 8 Characters and not more than 12 Characters
- At least one Uppercase and one Lowercase Character
- At least one Number (0-9)
- At least one Special Character out of these ! @ # \$ % ^ & * ~ etc.
- New Password shouldn't be the same as last 5 Passwords

Account Creation With AB-PMJAY









← → ↺ hospitals.pmjay.gov.in/empApplicationHome.htm?actionVal=loginPage 🔍 ☆ ⚙️ m Update ⋮


 **PRADHAN MANTRI JAN AROGYA YOJANA**
Ayushman Bharat

Geo Location of Hospitals Hospital login Dept User Login

Home Empanelment Criteria User Manual Contact Us Cyber Suraksha Dishaanirdesh

Create an Account




Hospital State*	District*	Hospital Name*
 ----Select----	 ----Select----	
Hospital Parent Type*	Contact Person Mobile*	Contact Person Email*
 ----Select----		
Hospital Type*	Empanelment Type*	
 ----Select----	 PMJAY	

17t3zk 

(Please enter visible characters in the text box)

CREATE ACCOUNT

Already started the Empanelment Process ? [Login](#)

	Hospital / Lab Reference Number *	1
	Password *	2
	1lji3t  <input type="text"/>	3
	(Please enter visible characters in the text box)	
	4	LOGIN
Forgot Hospital/ Laboratory Reference Number		Forgot Password?

Step 1: Use the Diagnostic Center ID received on registered Number


Step 2: Use the new password which is reset

Step 3: Enter the Captcha


Step 4: Login to Access your account

Application filling under AB-PMJAY

1

 Diagnostic Basic Information


2

 Financial Details


3

 Specialities Offered


4


 Investigations

5

 List of Hospitals

6

 Licenses and Certifications

 Check Eligibility and Submit


- ✓ As Explained in the previous slide, please follow the same steps from Tab 1 to 6
- ✓ The Mandatory fields are Marked with red * as mentioned below and should be filled on mandatory basis and without filling the submit application button will not appear

Example: Mandatory fields here are marked with red*






16


All mandatory fields have been filled


Diagnostic Basic Information


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Hospital Empanelment Application Form


     DIAG22P12067


 Diagnostic Basic Information


 Financial Details

 Specialities Offered

 Investigations

 List of Hospitals


 Licenses and Certifications

 Check Eligibility and Submit


Status :
Draft

Hospital PAN :
ASDEF3456Y


Contact Information

 Head of the organization / CEO Name *


Ajit

 Head of the organization / CEO Designation *


GM

 Head of the organization / CEO Mobile No *


6264236530

 Head of the organization / CEO Email ID *


asug@gmail.com

 Organization Head ID Proof type


Aadhaar

 Organisation Head ID Proof number


ABCDEF1234Y

 PMJAY Nodal Officer Name *

abc

 PMJAY Nodal Officer Number *


9676811141

 PMJAY Nodal Officer E-Mail Id *






asug@gmail.com


Basic Information Page


Diagnostic Basic Information


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Hospital Empanelment Application Form


     DIAG22P12067


 Diagnostic Basic Information


 Financial Details

 Specialities Offered


 Investigations

 List of Hospitals


 Licenses and Certifications

 Check Eligibility and Submit


Establishment Detail


 Ownership Type *


Government

 Address *


23/2 Rohini

 Block


 Village

 City/Town *


Dharwad

 District *


BALOD


 State *

CHHATTISGARH


 Pin *

230246


 Website

 Longitude *

23.65348


 Latitude *


45.65987

 Name of Group, if any





Basic Information Page


Diagnostic Basic Information


 PM-JAY





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Hospital Empanelment Application Form


   


 DIAG22P12067


 Diagnostic Basic Information


 Financial Details


 Specialities Offered

 Investigations


 List of Hospitals


 Licenses and Certifications

 Check Eligibility and Submit

 Diagnostic Registering Authority *

State Authority

 Accreditation & Other Empanelment Details

 Name of Accreditation/Certification Board *

None selected ▾

☐ NABH

☐ NABL

☐ CGHS


☐ ECHS

☐ AERB Registered/Licensed






☐ Govrnment Hospital Diagnostic Center


Basic Information Page


Diagnostic Basic Information


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Hospital Empanelment Application Form


     DIAG4P12823


 Diagnostic Basic Information


 Financial Details

 Specialities Offered

 Investigations

 List of Hospitals

 Licenses and Certifications

 Check Eligibility and Submit


SAVE


CHECK ELIGIBILITY

NEXT





1. Save
2. Check Eligibility
3. Click on next to further fill the application


Financial Information


 PM-JAY





Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana
Hospital Empanelment Application Form


   


 **DIAG22P12067**


 Diagnostic Basic Information


 **Financial Details**

 Specialities Offered












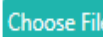


 Investigations

 List of Hospitals

 Licenses and Certifications


 Check Eligibility and Submit

Financial Details






 Name of the bank account of Diagnostic Center * ICICI	 Name of the authorized signatory to the Diagnostic Center bank account * Nidhi Rich Girl
 Diagnostic Center Account Number * 123456789098	 IFSC Code* ICIC0000007  SEARCH
 Bank Name* ICICI BANK LIMITED	 Branch Name* NEW DELHI - CONNAUGHT PLACE-Äj
 Bank Address	 MICR
 Account Type * Saving	 Cancelled Cheque *  No file chosen 
 TDS exemption *	


Financial Details Page


Financial Information


 PM-JAY


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Hospital Empanelment Application Form


     DIAG22P12067


 Diagnostic Basic Information


 Financial Details


 Specialities Offered


 Investigations


 List of Hospitals

 Licenses and Certifications


 Check Eligibility and Submit

 Bank Address

 MICR

 Account Type *


Saving

 Cancelled Cheque *


Choose File

No file chosen


Cancelled Cheque

 TDS exemption *

No

 Diagnostic Center PAN Number *

ASDEF3456Y

 Pan Card Attachment *

Choose File

No file chosen

Pan Card Attachment

Note : Supported file types are JPG, JPEG, BMP, PNG,PDF less than 15MB

SAVE


SAVE & NEXT


1. Fill complete details

2. Click on Save & Next to further fill the application





Specialities Offered Page


Specialities Offered


PM-JAY





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 Hospital Empanelment Application Form









DIAG22P12067
 1/11/2022, 11:30:44 AM


S.No	Speciality Code	Check	Speciality Name	TMS Specialities
1	AU	<input type="checkbox"/>	Audiology	<div> Select specialities as per your organization's scope of services </div>
2	BI	<input type="checkbox"/>	Biochemistry	
3	CA	<input checked="" type="checkbox"/>	Cardiology	
4	CY	<input type="checkbox"/>	Cytology	
5	CL	<input type="checkbox"/>	Cytopathology	
6	EN	<input type="checkbox"/>	ENT	
7	GA	<input type="checkbox"/>	Gastroenterology	


 Diagnostic Basic Information


 Financial Details

 **Specialities Offered**

 Investigations


 List of Hospitals

 Licenses and Certifications





 Check Eligibility and Submit


Specialities Offered Page

Specialties Offered



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 Hospital Empanelment Application Form









DIAG22P12067


1/11/2022, 11:30:44 AM


 Diagnostic Basic Information


 Financial Details

 **Specialities Offered**

 Investigations

 List of Hospitals

 Licenses and Certifications

 Check Eligibility and Submit

15	RA	<input checked="" type="checkbox"/>	Radiology
16	RM	<input type="checkbox"/>	Respiratory Medicine

SAVE


CHECK ELIGIBILITY


SAVE & NEXT





- Fill complete details
- Click on Save & Next to further fill the application


Note: Based on specialty selected in this Tab, Investigations related to that specialty will pop up


Investigations



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 Hospital Empanelment Application Form









DIAG22P12067
 1/11/2022, 11:30:44 AM


 Diagnostic Basic Information


 Financial Details

 Specialities Offered


 **Investigations**

 List of Hospitals

 Licenses and Certifications

 Check Eligibility and Submit

Investigation Details


Cardiology

<input type="checkbox"/>	Stress thallium / Myocardial Perfusion Scintigraphy	<input type="checkbox"/>	Rest thallium / Myocardial Perfusion Scintigraphy
<input type="checkbox"/>	Venography	<input type="checkbox"/>	Treadmill Test (TMT)
<input type="checkbox"/>	Transoesophageal Echocardiography (TEE)	<input type="checkbox"/>	Lymph angiography
<input type="checkbox"/>	Carotid Doppler	<input type="checkbox"/>	Arterial Colour Doppler
<input type="checkbox"/>	Venous Colour Doppler	<input type="checkbox"/>	Colour Doppler, renal arteries/any other organ
<input type="checkbox"/>	Diagnostic angiography	<input type="checkbox"/>	Ambulatory BP monitoring
<input type="checkbox"/>	External Loop/event recording	<input type="checkbox"/>	Holter analysis


SAVE


SAVE & NEXT





Select investigations
 as per your
 organization's scope
 of services


Investigations Page

Investigations











PM-JAY


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 Hospital Empanelment Application Form



DIAG22P12067


1/11/2022, 11:30:44 AM

 Diagnostic Basic Information	<input type="checkbox"/>	Dental IOPA X-ray	<input type="checkbox"/>	Occlusal X-ray	
 Financial Details	<input type="checkbox"/>	OPG X-ray	<input type="checkbox"/>	USG for Obstetrics - Anomalies scan	
 Specialities Offered	<input type="checkbox"/>	Abdomen USG	<input type="checkbox"/>	Pelvic USG (prostate, gynae, infertility etc)	
 Investigations	<input type="checkbox"/>	Small parts USG (scrotum, thyroid , parathyroid etc)	<input type="checkbox"/>	Neonatal head (Tranfontanellar)	
 List of Hospitals	<input type="checkbox"/>	Neonatal spine	<input type="checkbox"/>	Contrast enhanced USG	
 Licenses and Certifications	<input type="checkbox"/>	USG Breast	<input type="checkbox"/>	USG Hysterosalpingography (HSG)	
 Check Eligibility and Submit	<input type="checkbox"/>	USG guided intervention- FNAC	<input type="checkbox"/>	USG guided intervention - biopsy	
	<input type="checkbox"/>	Abdomen AP Supine or Erect (One film)	<input type="checkbox"/>	Abdomen Lateral view (one film)	
	<input type="checkbox"/>	Chest PA view (one film)	<input type="checkbox"/>	Chest Lateral (one film)	





Investigations Page


Investigations


 PM-JAY





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Hospital Empanelment Application Form


   


 DIAG4P12823


 Diagnostic Basic Information


 Financial Details

 Specialities Offered

 Investigations

 List of Hospitals

 Licenses and Certifications

 Check Eligibility and Submit

SAVE CHECK ELIGIBILITY NEXT

1. Fill complete details
2. Click on Save & Next to further fill the application

List of Hospitals Page

List of Hospitals

 PM-JAY

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Hospital Empanelment Application Form

 DIAG4P12823
1/24/2022, 10:36:23 AM

 Diagnostic Basic Information

 Financial Details

 Specialities Offered

 Investigations

 List of Hospitals

 Licenses and Certifications

 Check Eligibility and Submit

Hospital List

Note : Please tick on the distance of the hospital from your Diagnostic Center

SAVE


SAVE & NEXT

S.No	Name Of Hospital	Hospital Address	<5 Km	5 To 10 Km	>10 Km
1	Zenitha Hospital		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	CHD Multispecialty	SCO 32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Diagnostic Centre Changes 1	Cvn123654	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Anna		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Guru Nanak Hospital	B 56	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	DIAG 2.0	Cvn123654	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>





Please tick the distance of the hospital from your diagnostic center


List of Hospitals Page

List of Hospitals


PM-JAY

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 Hospital Empanelment Application Form


DIAG4P12823
 1/19/2022, 6:05:47 PM

74	Kims Hospital	Hyd	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
75	TEST		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
76	Adsf4544		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
77	GC Hospitals		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
78	Pc1	365456	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
79	Public Hospitals <small>Eligible Only If Distance Is Selected For This Hospital</small>	EDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
80	Chandigarh Hospitals <small>Eligible Only If Distance Is Selected For This Hospital</small>	TRC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
81	Testtt <small>Eligible Only If Distance Is Selected For This Hospital</small>	Fsf sdf	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SAVE


CHECK ELIGIBILITY

SAVE & NEXT

1. Fill complete details
2. Click on Save & Next to further fill the application

Licenses and Attachments

Licenses and Attachments



PM-JAY

Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana

Hospital Empanelment Application Form







DIAG22P12067

1/11/2022, 11:30:44 AM

Licences and Certifications

[Download Self Declaration Template](#) [Visit Compress.com](#) to find tools to reduce file size

Note : Supported file types are JPG, JPEG, BMP, PNG,PDF less than 500KB

Approval Name	Certificate No	Issue Date	Expiry Date	Action
<div>Registrations & Certification</div>				
Diagnostic Centre Registration Certificate*	436789	01/06/2021	10/07/2022	 
Declaration on letter head of appropriate authority/head of institution (Medical Superintendent or dean)*	8907564	14/10/2021	29/09/2022	 
Self Declaration Template*	076543	07/11/2021	06/05/2022	 

[Download Self Declaration Template](#)

[SAVE](#)
[CHECK ELIGIBILITY](#)
[SAVE & NEXT](#)

Diagnostic Basic Information

Financial Details

Specialities Offered

Investigations

List of Hospitals


Licenses and Certifications

Check Eligibility and Submit

Note: Self Declaration Form to be made in letter head and upload along with list of investigation

Check Eligibility and Submit

Check Eligibility and Submit

 PM-JAY

☰

Diagnostic Basic Information

Financial Details

Specialities Offered

Investigations

List of Hospitals


Licenses and Certifications

Check Eligibility and Submit

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Hospital Empanelment Application Form

🏠 📄 📁 📞

 DIAG22P12067

1/11/2022, 11:30:44 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

✔

— Hospitals List


Check Eligibility and Submit


Check Eligibility and Submit


 **PM-JAY**


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Hospital Empanelment Application Form


DIAG22P12067
1/11/2022, 11:30:44 AM


 Diagnostic Basic Information


 Financial Details

 Specialities Offered

 Investigations

 List of Hospitals

 Licenses and Certifications

 Check Eligibility and Submit

Financial

✔ All mandatory fields have been filled

Please Note: Submit button will be enabled only after all the eligibility criteria are met

Licences and Certifications

✔ All mandatory fields have been filled

Specialities Offered

✔ All mandatory fields have been filled

Submit button will be enabled only after all the eligibility criteria are met

Hospitals List

✖

● Eligible only if distance is selected for this hospital - HOSP22P11387

● Eligible only if distance is selected for this hospital - HOSP22P11622

● Eligible only if distance is selected for this hospital - HOSP22G02609

● Eligible only if distance is selected for this hospital - HOSP22G02617

● Eligible only if distance is selected for this hospital - HOSP22P11391

● Eligible only if distance is selected for this hospital - HOSP22P11628

● Eligible only if distance is selected for this hospital - HOSP22P10910

● Eligible only if distance is selected for this hospital - HOSP22P10724

● Eligible only if distance is selected for this hospital - LAB2264611388

● Eligible only if distance is selected for this hospital - HOSP22P11389

● Eligible only if distance is selected for this hospital - HOSP22G11350

● Eligible only if distance is selected for this hospital - HOSP22G11377

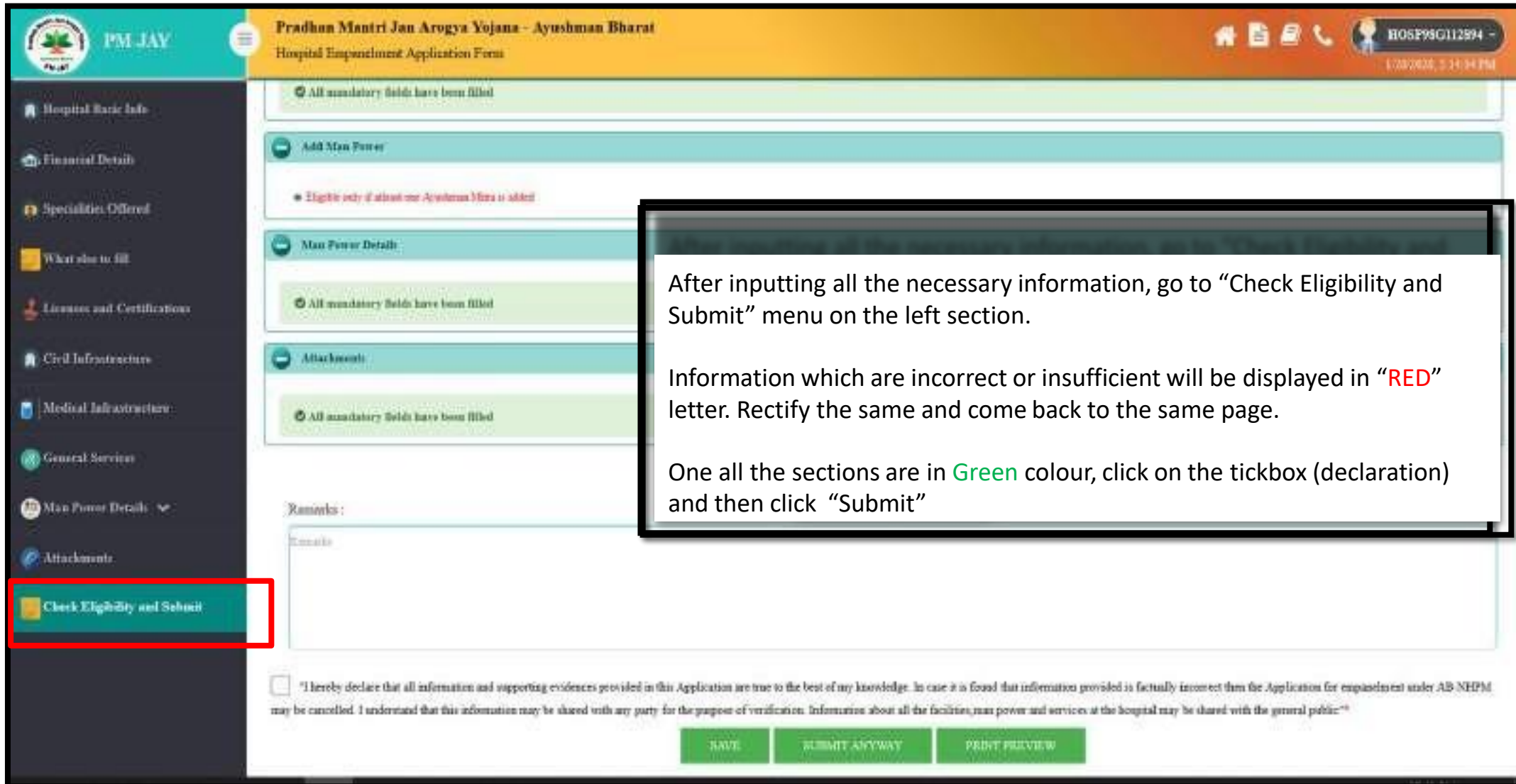
● Eligible only if distance is selected for this hospital - HOSP22G01521

● Eligible only if distance is selected for this hospital - HOSP22G11382

● Eligible only if distance is selected for this hospital - HOSP22G11384

● Eligible only if distance is selected for this hospital - HOSP22G11386

Submit Application for Approval



The screenshot shows the PM-JAY Hospital Empanelment Application Form. The left sidebar contains a menu with the following items: Hospital Basic Info, Financial Details, Specialties Offered, What else to fill, Licenses and Certifications, Civil Infrastructure, Medical Infrastructure, General Services, Man Power Details, Attachments, and **Check Eligibility and Submit** (highlighted with a red box). The main content area displays the form progress, with sections for Hospital Basic Info, Add Man Power, Man Power Details, and Attachments, each showing a green status bar indicating that all mandatory fields have been filled. A red error message is visible under the Add Man Power section: "Eligible only if atleast one Ayushman Mitra is added". At the bottom, there is a declaration checkbox and a disclaimer: "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." Below the declaration are three buttons: SAVE, SUBMIT ANYWAY, and PRINT PREVIEW.

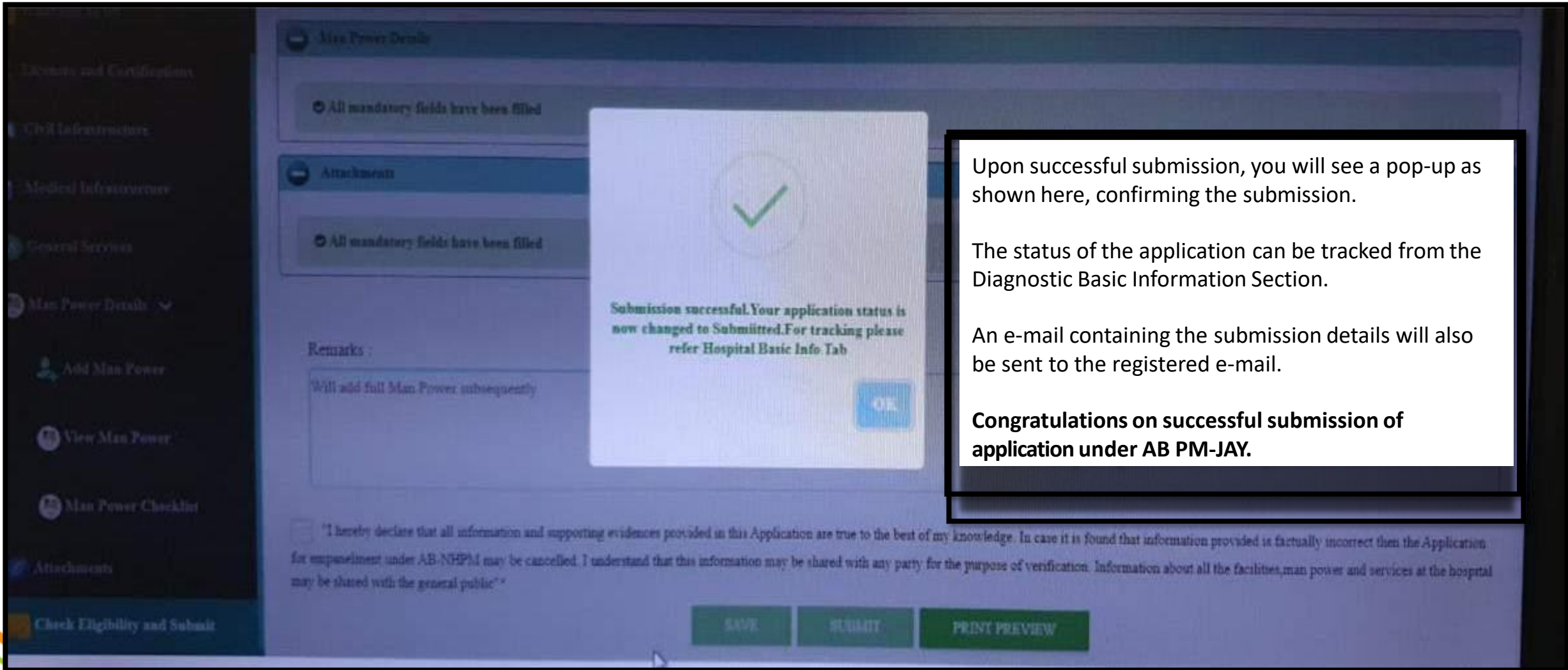
Pradhan Mantri Jan Arogya Yojana - Ayushman Bharat
Hospital Empanelment Application Form

After inputting all the necessary information, go to "Check Eligibility and Submit" menu on the left section.

Information which are incorrect or insufficient will be displayed in "RED" letter. Rectify the same and come back to the same page.

One all the sections are in Green colour, click on the tickbox (declaration) and then click "Submit"

Submit Application for Approval



The screenshot displays the 'Man Power Details' section of the PM-JAY application portal. A central pop-up window with a green checkmark and the text 'Submission successful. Your application status is now changed to Submitted. For tracking please refer Hospital Basic Info Tab' is overlaid on the form. The background form includes sections for 'All mandatory fields have been filled', 'Attachments', and 'Remarks'. The 'Remarks' section contains the text 'Will add full Man Power subsequently'. At the bottom, there is a declaration checkbox and three buttons: 'SAVE', 'SUBMIT', and 'PRINT PREVIEW'.

Man Power Details

All mandatory fields have been filled

Attachments

All mandatory fields have been filled

Remarks :

Will add full Man Power subsequently

Submission successful. Your application status is now changed to Submitted. For tracking please refer Hospital Basic Info Tab

OK

☐ "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 PRINT PREVIEW

Upon successful submission, you will see a pop-up as shown here, confirming the submission.

The status of the application can be tracked from the Diagnostic Basic Information Section.

An e-mail containing the submission details will also be sent to the registered e-mail.

Congratulations on successful submission of application under AB PM-JAY.

- **Shall New ID be created every time to login?**
 - ✓ No, diagnostic ID is created only once, and should be retained and used the same every time. However, password can be regenerated if required by using “Forgot Password”.
- **Can the application be saved in mid way to submission?**
 - ✓ The application be saved at any point during the filling process by pressing the ‘Save’ key that appears at the bottom of every page of the form
- **Can the previously filled data be retrieved later?**
 - ✓ The previously filled application can be retrieved if the same username and password is entered to retrieve the previously filled application.
- **How can it be ensured that all the mandatory requirements are filled before submission ?**
 - ✓ The ‘Check Eligibility’ button at the bottom of each page will allow the user to ensure that all the mandatory requirement for the selected specialization are met before submitting the form.
- **After the submission of application, how do the diagnostic center get to know weather they are registered or not?**
 - ✓ The diagnostic center will be informed of the final decision within 30 days of the submission of application. After registering on the web portal, the diagnostic center user will be able to check the status of their application.
- **Can the diagnostic center use the same Pan Card for Multiple Centers?**
 - ✓ Yes, they can use same Pan Card for Multiple centers only when the “ Parent Type” is selected as Group during the application for diagnostic center in HEM Portal



ਸਿਰਤ ਦਾ ਵਰਦਾਨ, ਆਯੁਧਮਾਨ



ਸ੍ਵਾਸਥਯ ਕਾ ਵਰਦਾਨ, ਆਯੁਧਮਾਨ



ਸ੍ਵਾਸਥਯ ਕਾ ਵਰਦਾਨ, ਆਯੁਧਮਾਨ



ਸ੍ਵਾਸਥਯ ਕਾ ਵਰਦਾਨ, ਆਯੁਧਮਾਨ



ਸ੍ਵਾਸਥਯ ਕਾ ਵਰਦਾਨ, ਆਯੁਧਮਾਨ



ਅਰੋਗਯਾਥੇ ਵਰਦਾਨ, ਆਯੁਧਮਾਨ



ਸ੍ਵਾਸਥਯ ਕਾ ਵਰਦਾਨ, ਆਯੁਧਮਾਨ



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THANKS