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## Chrome UHIDPageTest 20231103054316

**firefox doLoginTest 20231103053154**

**ESIC**  
Employees' State Insurance Corporation

Welcome, applone | Location: ESIC | Facility: MainServer

Home | Help

LOGOUT

Select Location and Facility

\* indicates mandatory fields

User Name	applone
* Location	Select
* Facility	
<div>Submit Clear</div>	

Best viewed in 1024 x 768 pixels 120  
IP-48 ie3yg055r4k0s345c2trreed

## firefox doNavigateToSelectHospitalLocationTest 20231103053155

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ESIC

Employees' State Insurance Corporation



Welcome, applone



Location: ESIC



Facility: MainServer



Home | Help

LOGOUT

Select Location and Facility

\* indicates mandatory fields

User Name	applone
* Location	Select
* Facility	
<input type="button" value="Submit"/> <input type="button" value="Clear"/>	

Best viewed in 1024 x 768 pixels 120  
IP-48 ie3yg05r4k0s345c2frceed



ASPOSE

firefox doNavigateToHISHomeTest 20231103053208



ESIC

Employees' State Insurance Corporation



Welcome, applone



Location: ESIC TEST HOSPITAL DL



Facility: ADMINISTRATIVE SERVICES



Home | Change Location/Facility | Help

Admin and Security Management Information System Laboratory InPatient Management Registration Clinical Records Masters Management Duty Roster CDR LOGOUT

Release Version No. : V2.4.204

Best viewed in 1024 x 768 pixels - V 2.4.0  
IP-48 ie3yg05r4k0s345c2frceed

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## firefox doNavigateToUHIDcreationLinkTest 20231103053214



ESIC

Employees' State Insurance Corporation



Welcome, appione



Location: ESIC TEST HOSPITAL DL



Facility: ADMINISTRATIVE SERVICES



Home | Change Location/Facility



Help

Admin and Security Management Information System Laboratory InPatient Management Registration Clinical Records Masters Management Duty Roster CDR LOGOUT

Release Version No.: V2.4.204

Best viewed in 1024 x 768 pixels - V 2.4.0  
IP-48 ie3yg055r4k0s345c2frceed



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Chrome doLoginTest 20231103054046

Your file format APIs

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ESIC

Employees' State Insurance Corporation



Welcome, applone



Location: ESIC



Facility: MainServer



Home | Help

LOGOUT

Select Location and Facility

\* indicates mandatory fields

User Name	applone
* Location	Select
* Facility	
<input type="button" value="Submit"/> <input type="button" value="Clear"/>	

Best viewed in 1024 x 768 pixels 120  
IP-48 vemvfwit034edbn55wauhtsy

Chrome doNavigateToSelectHospitalLocationTest 20231103054048



ESIC

Employees' State Insurance Corporation



Welcome, applone



Location: ESIC



Facility: MainServer



Home | Help

LOGOUT

Select Location and Facility

\* indicates mandatory fields

User Name	applone
* Location	Select
* Facility	
<input type="button" value="Submit"/> <input type="button" value="Clear"/>	

Best viewed in 1024 x 768 pixels 120  
IP-48 vemvfwit034edbn55wauhtsy

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## Chrome doNavigateToHISHomeTest 20231103054106



ESIC

Employees' State Insurance Corporation



Welcome, appone



Location: ESIC TEST HOSPITAL DL



Facility: ADMINISTRATIVE SERVICES



Home | Change Location/Facility



Help

Admin and Security Management Information System Laboratory InPatient Management Registration Clinical Records Masters Management Duty Roster CDR LOGOUT

Release Version No.: V2.4.204

Best viewed in 1024 x 768 pixels - V2.4.0  
IP: 46.103.42.103




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## Chrome doNavigateToUHIDcreationLinkTest 20231103054109

**ESIC**  
Employees' State Insurance Corporation

Home | [Change Location/Facility](#) | [Help](#)

Welcome, applone | Location: ESIC TEST HOSPITAL DL | Facility: ADMINISTRATIVE SERVICES

Admin and Security Management Information System Laboratory InPatient Management Registration Clinical Records Masters Management Duty Roster CDR [LOGOUT](#)

### Patient UHID Creation

\* Indicates mandatory fields

UHID  ☒ IP No. ☐ ESIC Employee ☐ ESIC Pensioner ☐ IP No.(U)  [Live List](#) Date Time: 03-Nov-2023 05:40:13 PM

☐ Non ESIC/IP

#### Personal Information

* Title	--Select--	* First Name	<input type="text"/>	Middle Name	<input type="text"/>	* Last Name	<input type="text"/>
* Marital Status	--Select--	Date Of Birth	<input type="text"/>	* Age	<input type="text"/> Years	* Gender	--Select--
<input checked="" type="radio"/> Father's Name/ <input type="radio"/> Spouse Name	<input type="text"/>	Mother's Maiden Name	<input type="text"/>	Blood Group	-- Select --		
* Nationality	INDIAN	Religion	--Select--	Occupation	-- Select --	Education	--Select--
<input checked="" type="radio"/> Internal Referral <input type="radio"/> External Referral	Referred Doctor	<input type="text"/>					
Identification Marks 1		Identification Marks 2					

#### Address & Contact Details

<b>Address</b>		<b>Permanent Address</b> <input type="checkbox"/> Same as Present		<b>Next of Kin</b>	
* Address1	<input type="text"/>	Address1	<input type="text"/>	Contact Name	<input type="text"/>
Address2	<input type="text"/>	Address2	<input type="text"/>	Relation to Patient	-- Select --
* State	--Select--	State	--Select--	Address1	<input type="text"/>
* District	--Select--	District	--Select--	Address2	<input type="text"/>
* Tehsil/Taluka/Sub-District	--Select--	Tehsil/Taluka/Sub-District	--Select--	State	--Select--
		Village/Town	--Select--	District	--Select--
				Tehsil/Taluka/Sub-District	<input type="text"/>