Health Facility Registry (HFR)

9th February 2022

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- Facility Manager Role

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Health Facility Registry (HFR): Overview

Health Facility Registry is a comprehensive repository of health facilities of the country across modern and traditional systems of medicine – Modern Medicine, Dentistry, Physiotherapy, Ayurveda, Unani, Siddha, Sowa-Rigpa, Homeopathy.

It includes both public and private health facilities including hospitals, clinics, diagnostic laboratories and imaging centers, pharmacies, etc. and meets a critical need of having an updated registry of all health facilities in the country with active usage.

national health authority
Ministry of Health and Family Welfare
Government of India

Nodal Officer & Verfier Register/Login

Health Facility Registry

ABOUT ABDM ▾   RESOURCE CENTER ▾   SUPPORT ▾   SEARCH FOR A FACILITY

Ayushman Bharat Digital Mission

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 laboratories and imaging centers, pharmacies, etc.
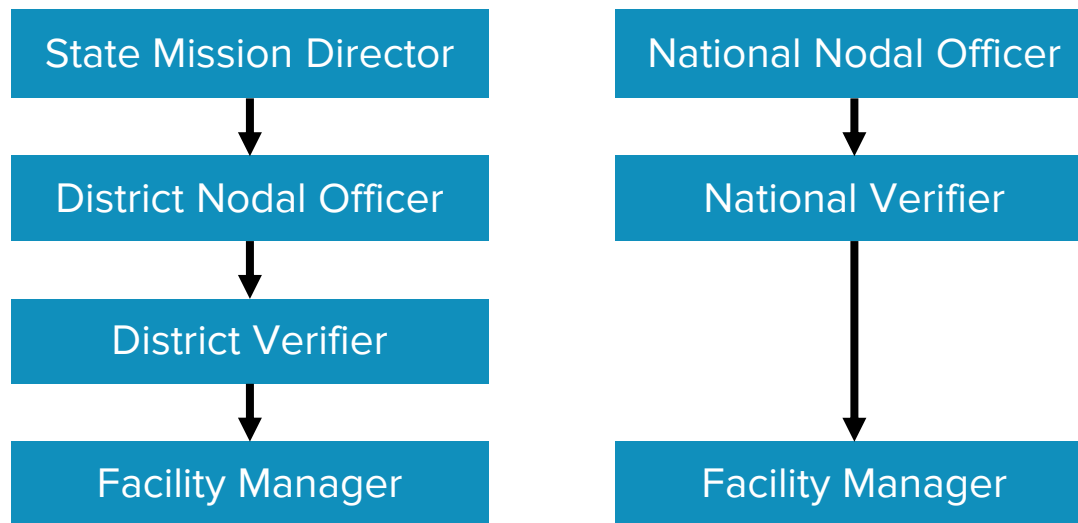
Read More

Login To Your Health Facility

To Sign-up as a Facility Manager Click Here

Envisaged Benefits

Unique & Trustable Identity
Facility ID for identification of health facilities across the ABDM ecosystem.

Online Presence & Discoverability
Listing of health facilities on a national platform and availability in search results.

Ease of doing Business
Digitization of services reducing the efforts for registration & renewal of various licenses.

Unified Digital Services
Access to telemedicine, digital health records and HMIS solutions.

Roles in Health Facility Registry

```
State Mission Director          National Nodal Officer
        │                               │
        ▼                               ▼
District Nodal Officer            National Verifier
        │                               │
        ▼                               │
  District Verifier                     │
        │                               │
        ▼                               ▼
  Facility Manager                Facility Manager
```

Process of mapping different roles in Health Facility Registry

- All officers are required to create a Healthcare Professional ID for accessing the Health Facility Registry at https://facility.abdm.gov.in

- The State Mission Director role is mapped to the appointed officer's Healthcare Professional ID by the HFR team at national level.

- State Mission Director further identifies the District Nodal Officers and District Verifiers and maps their respective Healthcare Professional ID to assigned roles. For a given district, nodal officer and verifier need to be different.

- National Nodal Officer and National Verifier roles are primarily for Central Govt. Ministries

Facility Manager Role

If user does not have a Healthcare Professional ID

national
health
authority
Ministry of Health
and Family Welfare
Government of India

Health Facility
Registry

SEARCH FOR A FACILITY

Ayushman Bharat Digital Mission

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Read More

Login as Facility Manager	Login/Register as Nodal officer & Verifier

To Sign-up as a Facility Manager Click Here

⏵ Watch a demo video for Health Facility Registration

How to Register in
Health Facility Registry?

Create your Healthcare Professional ID

The Healthcare Professional ID will allow healthcare professional to connect to India's digital health ecosystem.

Healthcare Professional Category

Generate your Healthcare Professional ID

Generate via Aadhaar

national
health
authority
Ministry of Health
and Family Welfare
Government of India

Jane Doe
janedoe@hpr.ndhm

Profile Actions

View Healthcare Professional ID card

Edit Profile

Change Password

Re-KYC Verification

Logout

Please complete your registration in the Health Facility Registry here

Healthcare Professional ID Card

Healthcare Professional

Registration not verified

Healthcare Professional ID card available for verified registrations only

Healthcare Professional ID Number	
22-1900-1711-1708	
Healthcare Professional ID	janedoe@hpr.ndhm
Name	Jane Doe
Date of Birth	01/01/1900
Gender	F
Address	xyz, road, Delhi
State Name	DELHI
Aadhaar Verified	Yes

Once the Healthcare Professional ID is created

Or,

If user is an existing Facility Manager

Health Facility Registry

Ayushman Bharat Digital Mission

Health Facility Registry

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Read More

| Login as Facility Manager | Login/Register as Nodal officer & Verifier |

To Sign-up as a Facility Manager Click Here

▶ Watch a demo video for Health Facility Registration

How to Register in Health Facility Registry?

LOGIN TO YOUR HEALTH FACILITY

Enter your Healthcare Professional ID

| 👤 | Healthcare Professional ID | @hpr.ndhm |

Verify Healthcare Professional ID   **Reset**

Do not have a Healthcare Professional ID?**Click here to register**

Facility List

Logout

Health Facility Registry

Search and Register

FACILITY OWNERSHIP

◉ Government   ○ Private   ○ Public-Private-Partnership

◉ Central Government   ○ State Government / UT Administration

Ministry Type *

Mo Health and Family Welfare

○ Search using health facility's name   ◉ Search using the ID of your health facility registered in AB-PMJAY, NIN etc.

Select Database in which your health facility is Registered*

e-Sushrut CDAC HMIS ID

10003

Search   Reset

13

Facility List   Logout

Search using health facility's name   ○   Search using the ID of your health facility registered in AB-PMJAY, NIN etc.

Select Database in which your health facility is Registered *

| e-Sushrut CDAC HMIS ID | ⊗ ▾ |

| 10003 |

Search   Reset

Facility Name	Facility ID	Source	Address	ABDM Registration Status	Facility Manager Details	Action
CHC Funga	10003	E-Sushrut CDAC HMIS ID	CHC Funga	Not Registered	XYZ Xxxxxx1190 Dxxx@Gmail.Com	**Authenticate Via SMS/Email** ⓘ Incorrect Details? Click Here

Did not find your facility in search results?

Click here to Register

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Search and Register

FACILITY OWNERSHIP

○ Government   ○ Private   ○ Public-Private-Partnership

○ Central Government   ○ State Government / UT Administration

Ministry Type *

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○ Search using health facility's name   ○ Search using the ID of your health facility registered in AB-PMJAY, NIN etc.

Select Database in which your health facility is Registered*

e-Sushrut CDAC HMIS ID   ▼

10003

[Search]   [Reset]

Please Enter OTP   ✕

[   ]

[Cancel]   [OK]

15

Search using health facility's name   Search using the ID of your health facility registered in AB-PMJAY, NIN etc.

Select Database in which your health facility is Registered*

e-Sushrut CDAC HMIS ID

10003

Search   Reset

Facility Name	Facility ID	Source	Address	ABDM Registration Status	Facility Manager Details	Action
CHC Funga	10003	E-Sushrut CDAC HMIS ID	CHC Funga	Not Registered	XYZ Xxxxxx1190 Dxxx@Gmail.Com	Authenticate Via SMS/Email ⓘ Incorrect Details? Click Here

Did not find your facility in search results?

Click here to Register

national
health
authority
Ministry of Health
and Family Welfare
Government of India

Health Facility
Registry

Mr. Rohit
Facility Manager

Request to assign Facility ✕

Facility Manager Name

Dr Anshul

Facility Manager ID

24-3443-1234-3424

Mobile Number

+91-

Email ID

gmail.com ·

Facility Name

All India Institute Of Medical Sciences

Facility ID/NHRR ID/Hospital ID

IN0713221231

State/UT

Delhi ▼

District

South Delhi ▼

Address

Enter House No./Block No/Street

Pin Code

110023

Send Request

Search and Regist
Facility Ownership

● Government ○ Private
● Central Government ○ Sta

Facility Ownership Subtype

Select ownership subtype

● Search using health facility's n

Select Your State/Union Territory

Select State

All India Institute Of Medic

Facility Name	F		Action
Apollo Hospital	9132323232121212134567435	National Health ... Mathura Rd, Jasola ...	Not Registered Raise a Request

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Detailed Facility Information

FACILITY CONTACT PERSON DETAILS (for official communications)

Salutation*

○ Dr.   ○ Mr.   ○ Ms.

First Name*

Middle Name

Last Name

Designation*

Mobile Number*

+91

Verified

Email*

Verify

Landline Number

STD Code

Landline Number

☐ Add an Alternate Facility Contact Person

Save

Facility Name*

hospital

PAN

[Verify]

Name As in PAN Card

Country*

India

State / UT*

Puducherry

District*

Pondicherry

Sub-district

Select

Facility Region

Select

Village / City / Town

Select

Address line 1: Flat No/ Plot No/ Building Name*

Ecr Road Puducherry

Address line 2: Street/ Road/ Area/ Locality

Street/Road/Area/Locality

Pin Code*

605008

Landline Number(for public display)

STD Code

Mobile Number(for public display)

+91

[Verify]

Facility Email(for public display)

[Verify]

Website(for public display)

Geographic Location

Link for Book an Appointment(please enter url for any appointment booking)

Geographic Location*   *Please click on the blue pin on the right if you wish to update the coordinates.*

select location in map	📍

How to use:

Click on the 🔍 to enable search. On enabling the field you can either choose the current location, or enter the name of the location, nearest landmark or select from the results. You can then move the map around with location icon being constant in the center. Choose the location of the OPD block where you want to patient to reach. Use the + and - buttons to zoom in and zoom out. Click on Done to confirm and save the coordinates.
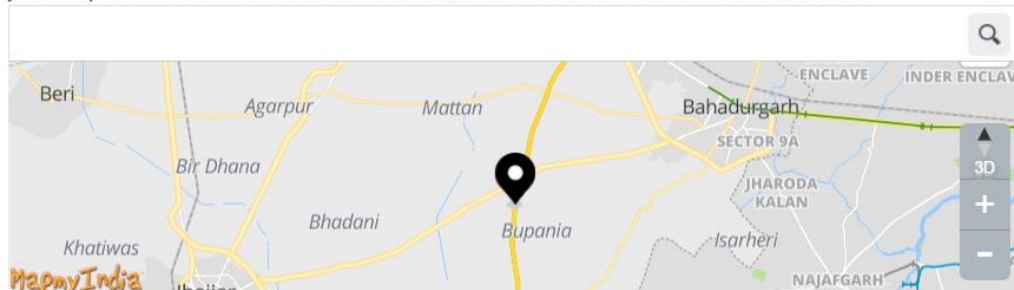
Move the map to get desired location.

Done

UPLOADS

Facility Building Photograph*

Choose file	Browse

Please upload a clear picture of the health facility building
Maximum size allowed for the attachment is 5MB

Facility Board Photograph*

Choose file	Browse

Please upload a clear picture of the facility board or of the entrance displaying the facility name
Maximum size allowed for the attachment is 5MB

LINKED PROGRAM IDS

NHRR ID

National Identification Number (NIN)

ROHINI ID (As allotted by IIB)

AB-PMJAY Hospital ID

CGHS Hospital ID

ECHS Hospital ID

ADDITIONAL FACILITY DETAILS

Please Note:
- *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.*

Days of Operation			Shift 1			Shift 2(if any)		
MON	▤	☐ 24 Hrs	From 09:00	To 20:00		From	To	
TUE	▤	☐ 24 Hrs	From 09:00	To 20:00		From	To	
WED	▤	☐ 24 Hrs	From 09:00	To 20:00		From	To	
THU	▤	☐ 24 Hrs	From 09:00	To 20:00		From	To	
FRI	▤	☐ 24 Hrs	From 09:00	To 20:00		From	To	
SAT	▤	☐ 24 Hrs	From 09:00	To 20:00		From	To	
SUN	▤	☐ 24 Hrs	From	To		From	To	

Does this facility have the following IT equipment?

Computer(s)   Laptop(s)   Tablet(s)   Smartphone(s)

Is internet connectivity available at the facility?

○ Yes   ○ No

Does this facility use an Electronic Medical Record (EMR) System?

○ Yes   ○ No

Does this facility have power backup available?

○ Yes   ○ No

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

○ Yes   ⦿ No

Is internet connectivity available at the facility?*

⦿ Yes   ○ No

Does this facility have the following IT equipment?*

[Computer(s)]   [Laptop(s)]   [Tablet(s)]   [Smartphone(s)]

Does the facility have dedicated power backup for IT equipment?*

⦿ Yes   ○ No

Does this facility have power backup available?*

⦿ Yes   ○ No

Facility Operational Status*

| Functional | ✕ ▾ |

Year of Establishment:

| 1999 |

About Us(to be displayed on website)

| optional |

[Save as Draft]   [Save and Next]

Type of Service*

OPD   IPD   Daycare   Pharmacy

Facility Ownership*

○ Private   ○ Public-Private-Partnership

Profit

| Individual Proprietorship | ✕ | ▾ |

Facility Ownership Subtype*

● Profit   ○ Not for profit

System of Medicine*

| Modern Medicine(Allopathy) | Dentistry | Physiotherapy | Ayurveda | Unani | Siddha | Sowa-Rigpa | Homeopathy |

Facility Type*

| Hospital/ Nursing Home/ Maternity Home | ✕ | ▾ |

Is this hospital linked to a college?

○ Yes   ● No

Hospital Speciality Type*

○ Single Speciality   ● Multi Speciality

Save and Previous   Save as Draft   Save and Next

Detailed Facility Information

SPECIALITY

Modern Medicine(Allopathy)

☑ General Medicine	☐ Family Medicine	☐ Emergency Medicine	☐ Paediatrics
☐ Neonatology	☐ Cardiology	☐ Cath Lab	☐ Interventional cardiology
☐ Psychiatry	☐ Rheumatology	☐ Anaesthesia	☐ Obstetrics & Gynaecology
☐ Orthopaedics	☐ Ophthalmology	☐ ENT	☐ Gastroenterology
☐ Endocrinology	☐ Nephrology	☐ Dialysis	☐ Urology
☐ Hepatology	☐ Neurology	☐ Neuroradiology	☐ Radiology
☐ Genetics	☐ Immunology	☐ Oncology	☐ Paediatric Cancer
☐ Pulmonology(Chest diseases and respiratory medicine)	☐ Dermatology and Venerology (Skin & VD) RTI/STI	☐ General Surgery	☐ Cardiothoracic and vascular surgery
☐ Critical Care	☐ Genitourinary Surgery	☐ Polytrauma	☐ Paediatric surgery
☐ Neurosurgery	☐ Burns, Plastic & reconstructive Surgery	☐ Medicolegal/ Forensic Medicine	☐ Geriatrics
☐ Nuclear Medicine	☐ Aviation medicine	☐ Any other (specify)	

OTHER FACILITIES

Does your facility have Diagnostic Laboratory? *

○   Yes, available for everyone   ⊙   Yes, available for in-patients only   ○   No

Does your facility have Pharmacy? *

○   Yes, available for everyone   ⊙   Yes, available for in-patients only   ○   No

Does your facility have Imaging Center? *

○   Yes, available for everyone   ⊙   Yes, available for in-patients only   ○   No

Services

| X-Ray | CT-Scan | MRI (Magnetic Resonance Imaging) | Ultrasonography (USG) |

| 1 |

| Color Doppler |

Does your facility have Blood Bank? *

○   Yes, available for everyone   ⊙   Yes, available for in-patients only   ○   No

Does your facility have Dialysis Center? *

○   Yes, available for everyone   ⊙   Yes, available for in-patients only   ○   No

Does your facility have Cath Lab? *

○   Yes, available for everyone   ⊙   Yes, available for in-patients only   ○   No

Save and Previous   Save as Draft   Save and Next

Detailed Facility Information

☐ 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. *

Previous   Preview   Submit