

Citizen															
<u>Serial Number</u>	Name	Age	Severity	Status	Queue No.	Email Address	Password	X-Coordinate	Y-Coordinate	Gender	Mobile/Tele. No.	Relative Name	Relative Mobile	Relative_Geo-Co	Register Date

Bed			
Bed Status	Bed Number	Citizen_Serial_Number	Hospital Name

Hospital			
<u>Name</u>	X-Coordinate	Y-Coordinate	District Name

District				
<u>Name</u>	X1	X2	Y1	Y2

Doctor				
<u>MBBS No</u>	Name	Email Address	Password	Hospital Name

MoH Authority		
<u>Email Address</u>	Password	Name

MoH Authority has District		
<u>MoH Authority Email Address</u>	<u>District Name</u>	

Admin has MoH Authority	
<u>Admin Email Address</u>	<u>Moh Authority Email Address</u>

Admin		
<u>Email Address</u>	Password	Name

Admin has District		
<u>Admin Email Address</u>	<u>District Name</u>	

