

FORM DESIGN

INDEX PAGE

HOME PAGE
HOME
ABOUT US
OUR SERVICES
USER REGISTRATION
ASHAWORKER REGISTRATION
LOGIN

LOGIN PAGE

LOGIN
<input type="text" value="ENTER USERNAME"/>
<input type="password" value="ENTER PASSWORD"/>
<input type="submit" value="SUBMIT"/>

USER REGISTRATION PAGE

USER REISTRATION	
FIRST NAME	<input type="text"/>
LAST NAME	<input type="text"/>
STATE	<input type="text"/>
DISTRICT	<input type="text"/>
PANCHAYATH	<input type="text"/>
WARD	<input type="text"/>
DATE OF BIRTH	<input type="text"/>
YOUR ADHAR NUMBER	<input type="text"/>
HUSBAND ADHAR NUMBER	<input type="text"/>
PHONE NUMBER	<input type="text"/>
EMAIL	<input type="text"/>
CURRENT ADDRESS	<input type="text"/>
HEALTH ID	<input type="text"/>
USER NAME	<input type="text"/>
PASSWORD	<input type="text"/>
<input type="button" value="REGISTER"/>	

ASHAWORKER REGISTRATION PAGE

ASHAWORKER REISTRATION	
FIRST NAME	<input type="text"/>
LAST NAME	<input type="text"/>
STATE	<input type="text"/>
DISTRICT	<input type="text"/>
PANCHAYATH	<input type="text"/>
WARD	<input type="text"/>
DATE OF BIRTH	<input type="text"/>
PHONE NUMBER	<input type="text"/>
EMAIL	<input type="text"/>
CURRENT ADDRESS	<input type="text"/>
QUALIFICATION	<input type="text"/>
EXPERIENCE	<input type="text"/>
NAME OF BANK	<input type="text"/>
NAME OF BRANCH	<input type="text"/>
ACCOUNT NUMBER	<input type="text"/>
USER NAME	<input type="text"/>
PASSWORD	<input type="text"/>
<input type="button" value="REGISTER"/>	

ADMIN PAGE

Admin

Add State

Add District

Add Panchayath

Add Ward

Manage Ashaworker ▼

View Report

logOut

Add State

Enter State Name

Input

Add

Add district

State

Combo ▼

District

Input

Add

Add Ward	
State	Combo
District	Combo
Panchayath	Combo
Ward NUMBER	Input
<input type="button" value="Add"/>	

[illegible][illegible]

view Ashaworker report	
Year Of report	<input type="text" value="Input"/>
Month of report	<input type="text" value="Input"/>
<input type="button" value="Get Report"/>	

USER PAGE

user Page
<input type="button" value="Fill Form"/>
<input type="button" value="Update Health Status"/>
<input type="button" value="Get Notification"/>
<input type="button" value="View Details"/>
<input type="button" value="Child Immunization Details"/>
<input type="button" value="LogOut"/>

Fill Form

Date of last menstrual period	<input type="text"/>
No. of weeks	<input type="text"/>
Weight of mother	<input type="text"/>
blood group	<input type="text"/>
Mother's Health condition	<input type="text"/>
Hospital's Name	<input type="text"/>
Gynecologist's Name	<input type="text"/>
First child	<input type="radio"/> Yes <input type="radio"/> No
If no, how many childrens	<input type="text"/>
Type of Previous Delivery	<input type="radio"/> Normal <input type="radio"/> Cesarean
Husband's Name	<input type="text"/>
Husband's Occupation	<input type="text"/>
Your Occupation	<input type="text"/>
Health issues if any	<input type="text"/>

SUBMIT

Update health Status

Weight of Mother	<input type="text"/>
Health condition of mother	<input type="text"/>
list of health problem if any	<input type="text"/>

Submit

Child Immunization details		
Child Name		<input type="text"/>
Title	Date	Vaccination
	Cell Content 1	
	Cell content 2	
	Cell content 3	

ASHAWORKER PAGE

Ashaworker
<div>manage user ▼</div> <div>Collect Details</div> <div>View User Details</div> <div>Child record</div> <div>Immunization</div> <div>Report</div> <div>View notification</div>

REGISTERED USER

si no	state	district	panchayat	ward	name	adhar no	husbands adhar no	dob	phone no	email	address	week of pregnancy	health id	
														approve

APPROVED USER

si no	state	district	panchayat	ward	name	adhar no	husbands adhar no	dob	phone no	email	address	week of pregnancy	health id	
														delete

Child record

Mother's Registration Id

Weight of new born

Name of the child

Date of birth

Gender

☒ Male☐ Female

Health Condition of the child

User Details

User id	Name	Details

Immunization

Date of Immunization

Mothers Registration Id

Submit

Report

Year of report

Combo ▼

Month of report

Combo ▼

No. of normal deliveries

Input

No. of cesareans

Input

No of deliveries

Input

No. of boys

Input

No. of girls

Input

No. of under weight children

Input

Children with birth problem

Input

Mother death

Input

Child death

Input

Submit

Notification

Message1

Message2