

FORM DESIGN

HOME PAGE

HOME

ABOUT US

OUR SERVICES

USER REGISTRATION

ASHAWORKER REGISTRATION

LOGIN

LOGIN

ENTER USERNAME

ENTER PASSWORD

SUBMIT

USER REISTRATION

STATE	<input type="text"/>
DISTRICT	<input type="text"/>
PANCHAYATH	<input type="text"/>
WARD	<input type="text"/>
NAME	<input type="text"/>
DATE OF BIRTH	<input type="text"/>
HUSBAND ADHAR NUMBER	<input type="text"/>
YOUR ADHAR NUMBER	<input type="text"/>
PHONE NUMBER	<input type="text"/>
EMAIL	<input type="text"/>
CURRENT ADDRESS	<input type="text"/>
DATE OF HAST MENSTRUAL PERIOD	<input type="text"/>
HEALTH ID	<input type="text"/>
USER NAME	<input type="text"/>
PASSWORD	<input type="text"/>

REGISTER

ASHAWORKER REISTRATION

STATE

DISTRICT

PANCHAYATH

WARD

NAME

DATE OF BIRTH

PHONE NUMBER

EMAIL

CURRENT ADDRESS

QUALIFICATION

EXPERIENCE

NAME OF BANK

NAME OF BRANCH

ACCOUNT NUMBER

USER NAME

PASSWORD

REGISTER

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 panchayath

State

Combo

District

Combo

Panchayath

Input

Add

Add Ward

State

Combo

District

Combo

Panchayath

Combo

Ward NUMBER

Input

Add

REGISTERED ASHAWORKERS

state	district	panchayat	ward	name	dob	phone number	email	address	qualification	Experience	
											APPROVE

VIEW ASHAWORKERS

state	district	panchayat	ward	name	dob	phone number	email	address	qualification	Experience	
											DELETE

view Ashaworker report

Year Of report

Month of report

Get Report

user Page

Fill Form

Update Health Status

Get Notification

View Details

Child Immunization Details

LogOut

Fill Form

Date of last menstrual period

No. of weeks

Weight of mother

blood group



Mother's Health condition

Hospital's Name

Gynecologist's Name

First child

☐ Yes ☐ No

If no, how many childrens

Type of Previous Delivery

☐ Normal ☐ Cesarean

Husband's Name

Husband's Occupation

Your Occupation

Health issues if any

SUBMIT

Update health Status

Weight of Mother

Input

Health condition of mother

Input

list of health problem if any

Input

Submit

Child Immunization details

Child Name

Title	Date	Vaccination
	Cell Content 1	
	Cell content 2	
	Cell content 3	

Ashaworker

manage user

Collect Details

View User Details

Child record

Immunization

Report

View notification

[illegible][illegible]

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

Submit

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