# Form Design.

## Home page

Home

About us

Our services

contact

user registration

Ashaworker registration
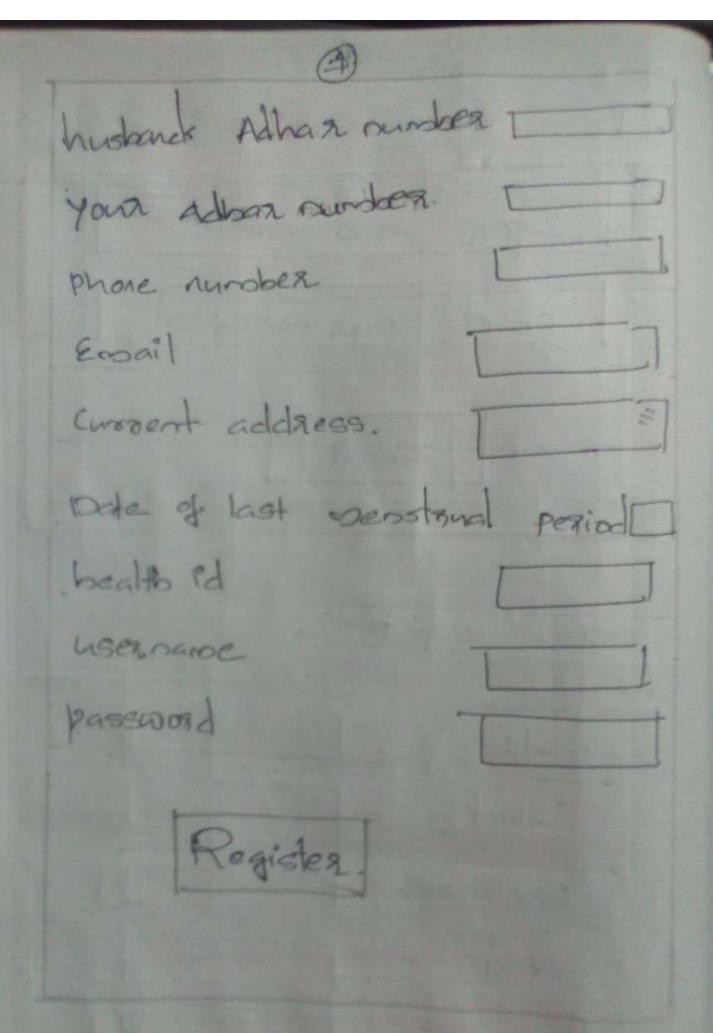
login.

## login page

| Enter user name |
| :-- |

| Enter your password |
| :-- |

| Submit |
| :-- |

## user registration

| state | |
| :-- | :-- |
| district | |
| Panchayath. | |
| ward | |
| Name | |
| Date of birth | |

husband Adhar number [      ]

your adhar number. [      ]

phone number [      ]

Email [      ]

Current address. [      ]

Date of last menstrual period [  ]

health id [      ]

username [      ]

password [      ]

Register

# Ashaworker Registration

state [                    ]

district [                    ]

Panchayath [                    ]

ward [                    ]

Name [                    ]

date of birth [                ▾ ]

phone number [                    ]

Email [                    ]

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.

    Approve ( Approve Ashaworker)

    View. ( delete ashaworker).

View Asha Reports.

log out

Add state
_____

Enter a state name [        ]

[Add.]

## Add district.

State [▽ ____]

District [ ____ ]

[ Add. ]

## Add Panchayath.

State [ ▽ ]

district [ ◻ ]

Panchayath [ ____ ]

[Add]

## Add ward.

State [ ◻ ]

district [ ▽ ]

Panchayath [ ✗ ]

ward number [ __ ]

[Add]

view Ashaworker Reports

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 [      ]

Health condition of Mother. [      ]

Name of Hospital. [      ]

Name of Gynecologist. [      ]

is this your first child. ⊙ Yes  ⊙ No

if no, how many children you have? [      ]

Type of previous delivery. ——

⊙ Normal          ⊙ cesarean.

Husbands name. [      ]

Husbands occupation. [      ]

Your occupation [            ]

List of Health problems if any [   ]

[Submit]

## Update Health status

Weight of mother. [            ]

Health condition of mother. [     ]

List of health problems if any. [   ]

[Submit]

## Get Notification

Message.

## View details

User details

child immunization Details

child name :

Title      Date     Vaccination done on.

Ashaworker .

Manage users ▽

    Approve

     View.

View users details.

Child Record

Immunigation

Report

View notification.

View user details.

## User details

| User Id | Name | details |
|---------|------|---------|

## Child Record

Mothers registration id [_____]

weight of new born. [_____]

Name of the child. [_____]

Date of birth. [_____]

Gender ⊚ Male ⊚ Female.

Health condition of the child. [___]

[Submit.]

Immunization

Dates for immunization [ ]

mother's registration id. [ ]

[submit]

Reports .

Year of Report [ ▽ ]

Month of Report [ ▽ ]

no: of normal deliveries. [ ]

no: of cesarean deliveries. [ ]

no: of deliveries [ ]

no: of boys [ ]

no: of girls. [ ]

no: of under weight children. [ ]

no: of birth problems found. [ ]

no: of mother death during delivery [ ]

no: of child death during delivery [ ]

[submit]

View notification

Message.