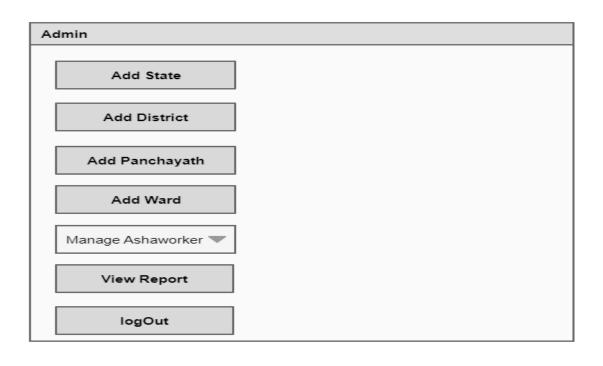


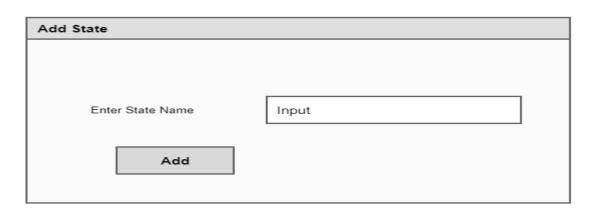
HOME PAGE	
HOME	
ABOUTUS	
OUR SERVICES	
USER REGISTRATION	
ASHAWORKER REGISTRATION	
LOGIN	

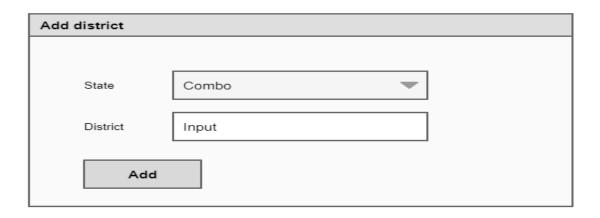
LOGIN		
	ENTER USERNAME	
	ENTER PASSWORD	
	SUBMIT	

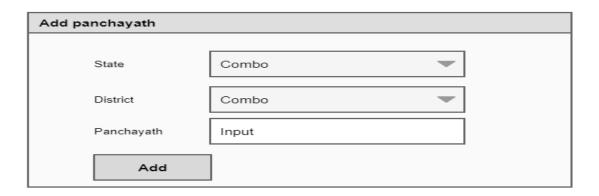
USER REISTRATION			
STATE			
DISTRICT			
PANCHAYATH			
WARD			
NAME			
DATE OF BIRTH			
HUSBAND ADHAR NUMBER			
YOUR ADHAR NUMBER			
PHONE NUMBER			
EMAIL			
CURRENT ADDRESS			
DATE OF HAST MENSTRUAL PERIOD			
HEALTH ID			
USER NAME			
PASSWORD			
REGISTER			

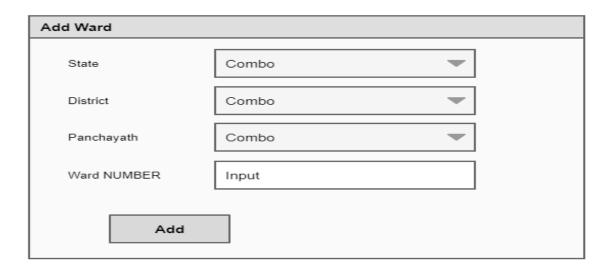
ASHAWORKER REISTRATION	
STATE DISTRICT PANCHAYATH	
WARD NAME DATE OF BIRTH	
PHONE NUMBER EMAIL CURRENT ADDRESS	
QUALIFICATION EXPERIENCE NAME OF BANK NAME OF BRANCH	
ACCOUNT NUMBER USER NAME PASSWORD	
REGI	STER











REGIS	REGISTERED ASHAWORKERS										
state	district	panchayat	ward	name	dob	phone number	email	address	qualification	Experience	
											APPROVE
			,	,							

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

view Ashaworker repor	view Ashaworker report					
Year Of report	Input					
Month of report	Input					
Get Report						

user	age
	Fill Form
	Update Health Status
	Get Notification
	View Details
	Child Immunization Details
	LogOut

Fill Form	
Date of last menstrual period	Input
No. of weeks	Input
Weight of mother	Input
blood group	
Mother's Health condition	Input
Hospital"s Name	Input
Gynecologist's Name	Input
First child	O Yes O No
If no, how many childrens	Input
Type of Previous Delivery	Normal Cesarean
Husband's Name	Input
Husband's Occupation	Input
Your Occupation	Input
Health issues if any	Input
SUBMIT	

Update health Status	
Weight of Mother	Input
Health condition of mother	Input
list of health problem if any	Input
Submit	

Child	Child Immunization details					
	Child Name					
Title	Date		Vaccination			
	Cell Content 1					
	Cell content 2					
	Cell content 3					

Ashaworker	
manage user $ extbf{ well}$	
Collect Details	
View User Details	
Child record	
Immunization	
Report	
View notification	

REGIS	TER	ED USE	:R											
si no	state	district	panchayat	ward	name	adhar no	husbands adhar no	dob	phone no	email	address	veek of pregnancy	health id	
														approve

APF	PROVE	ED USE	R									
si no	state	district	panchayat	ward	name	husbands adhar no	phone no	email	address	week of pregnancy	health id	
												delete

Child record		
Mother's Registration Id	Input	
Weight of new born	Input	
Name of the child	Input	
Date of birth	Input	
Gender	Male	Female
Health Condition of the child	Input	
Submit		

Jser De	tails		
User id	Name	Details	

Immunization	
Date of Immunization	
Mothers Registration Id	
Submit	

port	
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	

otification			
Message1			
Message2			
		4	