FORM DESIGN

HOME PAGE

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

LOGIN

LOGIN
ENTER USERNAME
ENTER PASSWORD
SUBMIT

USER REGISTRATION

USER REISTRATION

FIRST NAME		LAST NAME	
STATE		DISTRICT	
PANCHAYATH		WARD	
DATE OF BIRTH			

YOUR ADHAR NUMBER [   ]   HUSBAND ADHAR NUMBER [   ]

PHONE NUMBER [   ]   EMAIL [   ]

CURRENT ADDRESS [   ]   HEALTH ID [   ]

USERTYPE [   ]

USER NAME [   ]   PASSWORD [   ]

[REGISTER]

ASHAWORKER REGISTRATION

ASHAWORKER REISTRATION

FIRST NAME [   ]
LAST NAME [   ]
STATE [   ]
DISTRICT [   ]
PANCHAYATH [   ]
WARD [   ]
DATE OF BIRTH [   ]
PHONE NUMBER [   ]
EMAIL
CURRENT ADDRESS [   ]
QUALIFICATION [   ]
EXPERIENCE [   ]
NAME OF BANK [   ]
NAME OF BRANCH [   ]
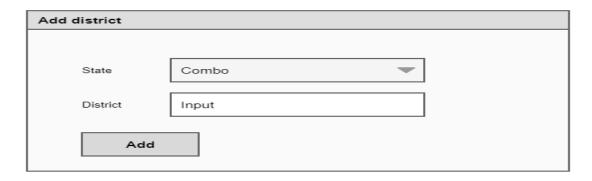ACCOUNT NUMBER [   ]
USER NAME [   ]
PASSWORD [   ]

[REGISTER]

ADMIN

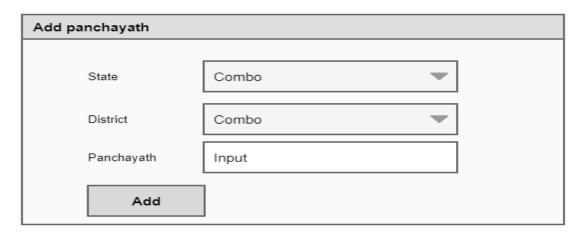| ADMIN |
| --- |
| ADD STATE |
| ADD DISTRICT |
| ADD PANCHAYATH |
| ADD WARD |
| ADD ORGANIZER |
| VIEW ORGANIZER REPORTS |
| LOG OUT |

ADD STATE

Add State
Enter State Name   Input
Add

ADD DISTRICT

Add district		
State	Combo ▼	
District	Input	
Add		

ADD PANCHAYATH

Add panchayath		
State	Combo ▼	
District	Combo ▼	
Panchayath	Input	
Add		

ADD WARD

Add Ward		
State	Combo ▼	
District	Combo ▼	
Panchayath	Combo ▼	
Ward NUMBER	Input	
Add		

ADD ORGANIZER

ADD ORGANIZER

STATE	Combo ▼
DISTRICT	Combo ▼
PACHAYATH	Combo ▼
NAME	Input
USER NAME	Input
PASSWORD	Input

ADD

VIEW ORGANIZER REPORT

VIEW ORGANIZER REPORT

Year Of report	Input
Month of report	Input

Get Report

ORGANIZER

ORGANIZER

MANAGE USER ▼

CONDUCT MEETING

SURVEY FORM

VIEW ASHAWORKER REPORT

SEND REPORT TO ADMIN

VIEW NOTIFICATION

APPROVE ASHAWORKER

REGISTERED ASHAWORKERS

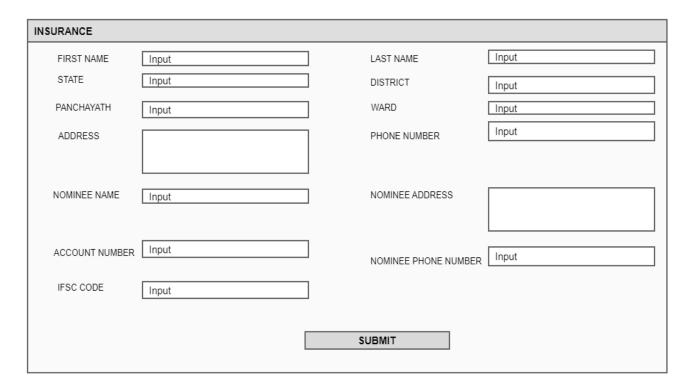| state	district	panchayat	ward	name	dob	phone number	email	address	qualification	Experience	
											APPROVE

VIEW ASHAWORKER

VIEW ASHAWORKERS

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

CONDUCT MEETING

CONDUCT MEETING

DATE   Input

TIME   Input

PLACE   Input

SEND SURVEY FORM

survey form

SI NO	HOUSE NO	NAME AND ADDRESS	NO OF HOUSE MEMBERS	NO OF MEMBERS WITH FEVER	NO OF CONTAINERS WITH WATER	NO OF OBSERVED CONTAINERS WITH LARVAE	NO OF WELLS WITH CLORINATION	REMARKS

PAYMENT

PAYMENT

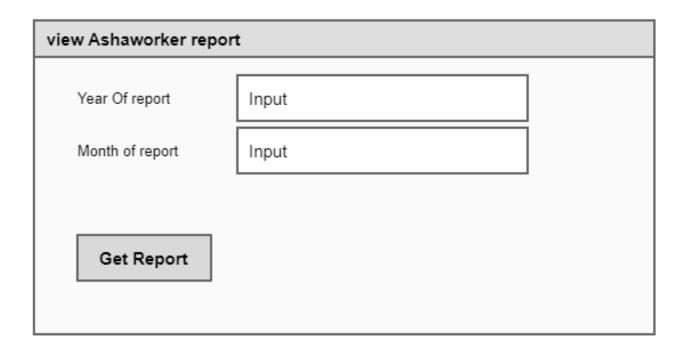|	
FIRST NAME	Input
LAST NAME	Input
STATE	Input
DISTRICT	Input
PANCHAYATH	Input
WARD	Input
ADDRESS	
PHONE NUMBER	Input
ACCOUNT NUMBER	Input
IFSC CODE	Input

SUBMIT

PAYMENT

PENSION

PENSION

FIRST NAME	Input
LAST NAME	Input
STATE	Input
DISTRICT	Input
PANCHAYATH	Input
WARD	Input
ADDRESS	
PHONE NUMBER	Input
ACCOUNT NUMBER	Input
IFSC CODE	Input

SUBMIT

INSURANCE

INSURANCE			
FIRST NAME	Input	LAST NAME	Input
STATE	Input	DISTRICT	Input
PANCHAYATH	Input	WARD	Input
ADDRESS		PHONE NUMBER	Input
NOMINEE NAME	Input	NOMINEE ADDRESS	
ACCOUNT NUMBER	Input	NOMINEE PHONE NUMBER	Input
IFSC CODE	Input		

SUBMIT

VIEW ASHA REPORT

view Ashaworker report

Year Of report   Input

Month of report   Input

Get Report

ASHAWORKER

Ashaworker

manage user ▼		VIEW MEETING
Collect Details		VIEW PEYMENT NOTIFICATION
View User Details		VIEW PENSION NOTIFICATION
Child record		VIEW/DOWNLOAD SURVEY FORM
Immunization		CHAT WITH USER
Report		
View notification		

APPROVE USER

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

VIEW USER

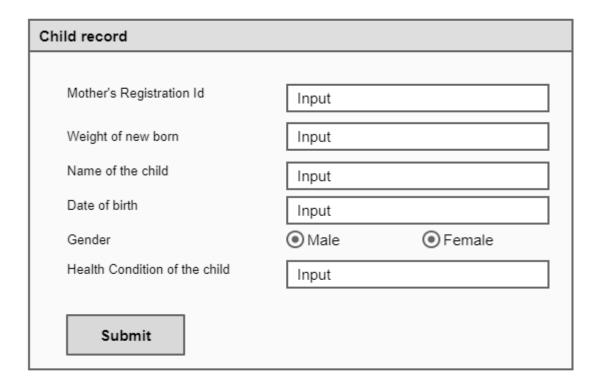| APPROVED USER														
si no	state	district	panchayat	ward	name	adhar no	husbands adhar no	dob	phone no	email	address	week of pregnancy	health id	
														delete

USER DETAILS

User Details		
User id	Name	Details

CHILD RECORD

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

IMMUNIZATION

Immunization

Date of Immunization

Mothers Registration Id

Submit

NOTIFICATION

Notification

Message1

Message2

VIEW OR DOWNLOAD SURVEY FORM

SURVEY FORM

VIEW

DOWNLOAD

VIEW MEETING

VIEW MEETING DETAILS

SI NO	DATE	TIME	PLACE

VIEW PAYMENT NOTIFICATION

VIEW PAYMENT NOTIFICATION

MESSAGE

VIEW PENSION NOTIFICATION

VIEW PENSION NOTIFICATION

MESSAGE

REPORT

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
Paliative patients	Input	death	Input
birth	Input		

Submit

USER PAGE

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

FILL FORM

PALIATIVE

Fill Form
blood group   [▼]
Health issues if any   Input
SUBMIT

PREGNANT WOMEN

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	○ Yes ○ 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

CONTACT INFORMATION

CONTACT INFORMATION

NO	FIRST NAME	LAST NAME	ADDRESS	PHONE NO

UPDATE HEALTH STATUS

Update health Status

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

Submit

CHILD IMMUNIZATION

Child Immunization details

Child Name

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

NOTIFICATION

Notification

Message1

Message2