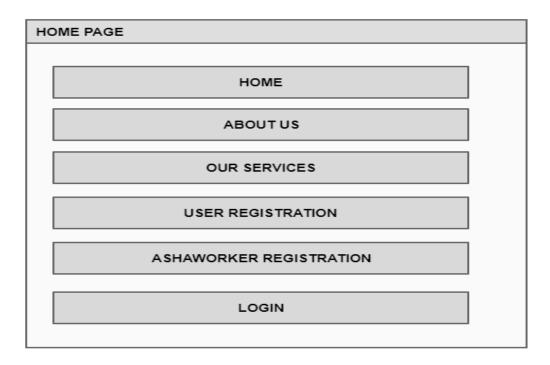
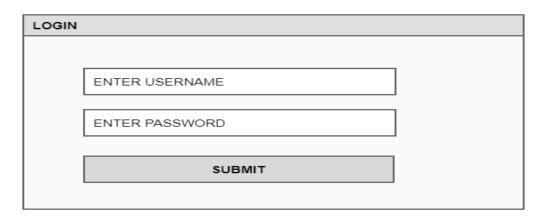


INDEX PAGE



LOGIN PAGE



USER REGISTRATION PAGE

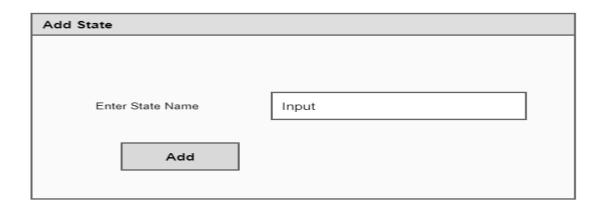
USER REISTRATION	
FIRST NAME LAST NAME STATE	
DISTRICT PANCHAYATH	
WARD DATE OF BIRTH YOUR ADHAR NUMBER HUSBAND ADHAR NUMBER	
PHONE NUMBER	
EMAIL	
CURRENT ADDRESS	
HEALTH ID	
USER NAME PASSWORD	
REGIS	TER

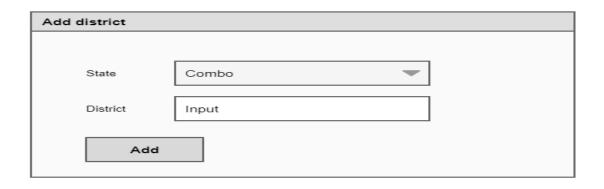
ASHAWORKER REGISTRATION PAGE

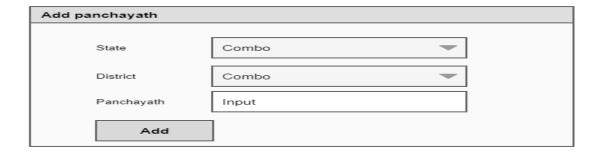
ASHAWORKER REIS	STRATION	
FIRST NAME LAST NAME STATE DISTRICT PANCHAYATH		
WARD		
DATE OF BIRTH PHONE NUMBER EMAIL CURRENT ADDRESS		
QUALIFICATION		
EXPERIENCE		
NAME OF BANK NAME OF BRANCH ACCOUNT NUMBER		
USER NAME		
PASSWORD		
	REGISTER	R

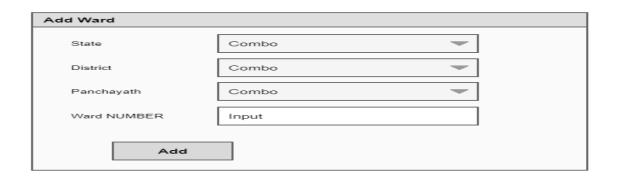
ADMIN PAGE

Admin	Admin						
Add State							
Add District							
Add Panchayath							
Add Ward							
Manage Ashaworker							
View Report							
logOut							









REGIS	REGISTERED ASHAWORKERS										
state	district	panchayat	ward	name	dob	phone number	email	address	qualification	Experience	
											APPROVE
	'			1	1						

						IEW ASHAWORKERS							
state district panchay	at ward	name	dob	phone number	email	address	qualification	Experience					
									DELETE				

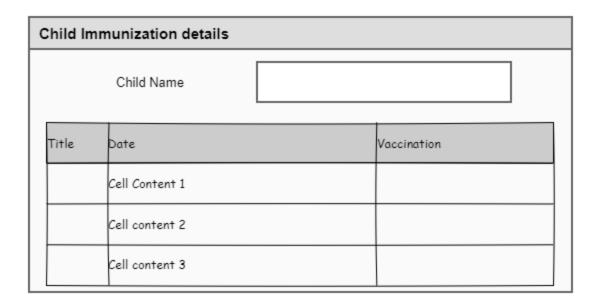
view Ashaworker report					
Year Of report	Input				
Month of report	Input				
Get Report					

USER PAGE

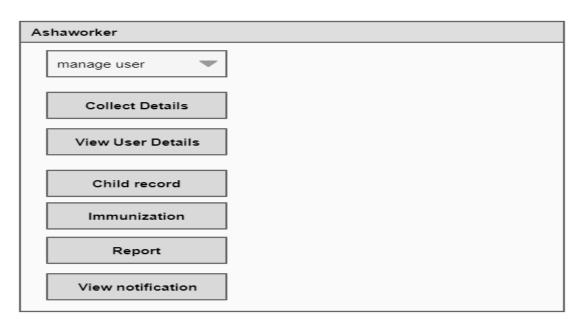
user Page				
Fill Form				
Update Health Status				
Get Notification				
View Details				
Child Immunization Details				
LogOut				

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					



ASHAWORKER PAGE



R	REGISTERED USER														
١,															
	si no	state	district	panchayat	ward		adhar no	husbands adhar no		phone no	email	address	week of pregnancy	health id	
															approve

Si state district panchayat ward name adhar no husbands adhar no dob phone 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					

L	User Details					
	User id	Name	Details			

Immunization	
Date of Immunization	
Mothers Registration Id	
Submit	

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
Child death	Input