9. Create a simple cloud software application for Hospital information system for SIMATS Hospital using any Cloud Service Provider to demonstrate SaaS with fields of patient name, age, address, phone, email, Attender name, attender phone, doctor name, diseases, etc.

OUTPUT :-

9.Hospital information s...

Patient Admission ⌄

New Patient

All Patients

New Patient

Name Of Patient *	Lokesh
	First Name
Date Of Birth *	08-Jan-2003 📅
Gender *	⦿ Male
	○ Female
	○ Other
Age	20
Marital Status	⦿ Single
	○ Married
	○ Divorced
	○ Widowed
	○ Domestic Partnership
Address *	podhutur,kadapa
	Address Line 1
	Andhra Pradesh
	City / District
Email *	loki@gmail.com ✉
Phone Number *	+91 ▾ 76543 21890
Attender name *	Pavan
	First Name
Attender Phone Number	+91 ▾ 6543 217 890
Doctor Name	Ms. ▾ Nafeesa
	Prefix First Name

Insurance Information

* Insurance Type	* Insurance Name	* Subscriber's Name	* Subscriber's Gender	* Insurance Address

+ Add New

Diseases	✕ Cough / Cold

Update **Cancel**

192121014.sse

9.Hospital information s...

Patient Admission ⌄

New Patient

All Patients

192121014.sse

All Patients

Patient Name	Lokesh
Address	📍 podhutur,kadapa, Andhra Pradesh
Date Of Birth	08-Jan-2003
Gender	Male
Age	20
Marital Status	Single
Email	loki@gmail.com
Phone Number	+917654321890
Attender name	Pavan
Attender Phone Number	📞 +916543217890
Doctor Name	Ms. Nafeesa
Diseases	Cough / Cold

Showing 5 of 5

General Inf

Patient Na	
Date Of Bi	
Gender	
Age	
Marital Sta	
Address	
Email	
Phone Nur	

Emergency

Insurance I

9.Hospital information s...

Patient Admission

New Patient

All Patients

New Patient

Name Of Patient *   Santhoshi

First Name

Date Of Birth *   09-Aug-2023

Gender *   ○ Male

● Female

○ Other

Age   23

Marital Status   ● Single

○ Married

○ Divorced

○ Widowed

○ Domestic Partnership

Address *   GajulaStreet,Yanam

Address Line 1

puducherry

City / District

Email *   santhu@gmail.com

Phone Number *   +91 ▾ 94404 77476

Attender name *   mohamad

First Name

Attender Phone Number   +91 ▾ 98765 43210

Doctor Name   Mr. ▾   karan

Prefix   First Name

Insurance Information

* Insurance Type	* Insurance Name	* Subscriber's Name	* Subscriber's Gender

＋ Add New

Diseases   × Fever

Update   Cancel

192121014.sse

9.Hospital Information System

9.Hospital information s...

Patient Admission ⌄

New Patient

All Patients

192121014.sse

All Patients

<>

General Info

Patient Name	Santhoshi	⋯
Address	📍 GajulaStreet,Yanam, puducherry	
Date Of Birth	09-Aug-2023	
Gender	Female	
Age	23	
Marital Status	Single	
Email	santhu@gmail.com	
Phone Number	+919440477476	
Attender name	mohamad	
Attender Phone Number	📞 +919876543210	
Doctor Name	Mr. karan	
Diseases	Fever	

Showing 5 of 5

Patient Na

Date Of Bi

Gender

Age

Marital Sta

Address

Email

Phone Nur

Emergency

Insurance I

9.Hospital Information System

New Patient   ×

Name Of Patient *   Konda Babu
                               First Name

Date Of Birth *   24-Jan-2002

Gender *   ● Male
                               ○ Female
                               ○ Other

Age   21

Marital Status   ● Single
                               ○ Married
                               ○ Divorced
                               ○ Widowed
                               ○ Domestic Partnership

Address *   near Govt. Hospital,yanam
                               Address Line 1

                               puducherry
                               City / District

Email *   babu.vanapalli@gmail.com

Phone Number *   +91 ▾ 79959 11677

Attender name *   Rushi
                               First Name

Attender Phone Number   +91 ▾ 63054 80103

Doctor Name   Mrs. ▾   Apitha
                               Prefix   First Name

Insurance Information

*Insurance Type	*Insurance Name	*Subscriber's Name	*Subscriber's Gender

＋ Add New

Diseases   × Headache

[Update] [Cancel]

9.Hospital Information System

9.Hospital information s...

Patient Admission ⌄

New Patient

All Patients

All Patients

Patient Name	Konda Babu	⋯
Address	📍 near Govt. Hospital,yanam, puducherry	
Date Of Birth	24-Jan-2002	
Gender	Male	
Age	21	
Marital Status	Single	
Email	babuvanapalli@gmail.com	
Phone Number	+917995911677	
Attender name	Rushi	
Attender Phone Number	📞 +916305480103	
Doctor Name	Mrs. Apitha	
Diseases	Headache	

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Showing 5 of 5

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General Inf

| Patient Na |
| Date Of Bi |
| Gender |
| Age |
| Marital Sta |
| Address |
| Email |
| Phone Nur |

Emergency

Insurance I

9.Hospital Information System

9.Hospital information s...

Patient Admission

New Patient

All Patients

New Patient

Name Of Patient *	Nafeesa
	First Name
Date Of Birth *	31-Jan-2003 📅
Gender *	○ Male
	◉ Female
	○ Other
Age	20
Marital Status	◉ Single
	○ Married
	○ Divorced
	○ Widowed
	○ Domestic Partnership
Address *	Ibrahimpatnam, Vijaywada
	Address Line 1
	Andhra Pradesh
	City / District
Email *	naffi3110@gmail.com
Phone Number *	+91 · 81437 73252
Attender name *	Pavan
	First Name
Attender Phone Number	+91 · 90144 64737
Doctor Name	Mrs. ▾ Annapoorna
	Prefix First Name

Insurance Information

* Insurance Type	* Insurance Name	* Subscriber's Name	* Subscriber's Gender

＋ Add New

Diseases	✕ Headache

Update Cancel

9.Hospital Information System

9.Hospital information s...

Patient Admission ⌄

New Patient

All Patients

All Patients

Patient Name	Nafeesa
Address	📍 Ibrahimpatnam, Vijaywada, Andhra Pradesh
Date Of Birth	31-Jan-2003
Gender	Female
Age	20
Marital Status	Single
Email	naffi3110@gmail.com
Phone Number	+918143773252
Attender name	Pavan
Attender Phone Number	📞 +919014464737
Doctor Name	Mrs. Annapoorna
Diseases	Headache

192121014.sse

Showing 5 of 5

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General Informatio

Patient Name
Date Of Birth
Gender
Age
Marital Status
Address
Email
Phone Number

Emergency Inform

Insurance Informa

💬 Add a comment

9.Hospital Information System

New Patient   ✕

Name Of Patient * | Srivalli
                             First Name

Date Of Birth * | 18-Aug-2023   📅

Gender * | ○ Male
                             ⦿ Female
                             ○ Other

Age | 23

Marital Status | ○ Single
                             ⦿ Married
                             ○ Divorced
                             ○ Widowed
                             ○ Domestic Partnership

Address * | kakinada
                             Address Line 1

                             Andhra Pradesh
                             City / District

Email * | srivalli@gmail.com   ✉

Phone Number * | +91 ▾ 81234 56789

Attender name * | mohamad
                             First Name

Attender Phone Number | +91 ▾ 91234 56789

Doctor Name | Mr. ▾   Annapoorna
                             Prefix   First Name

Insurance Information

*Insurance Type	*Insurance Name	*Subscriber's Name	*Subscriber's Gender	*In

➕ Add New

Diseases | ✕ Headache

[Update] [Cancel]

192121014.sse

9.Hospital Information System

9.Hospital information s...

Patient Admission ⌄

New Patient

All Patients

All Patients

Patient Name	Srivalli
Address	📍 kakinada, Andhra Pradesh
Date Of Birth	18-Aug-2023
Gender	Female
Age	23
Marital Status	Married
Email	srivalli@gmail.com
Phone Number	+918123456789
Attender name	mohamad
Attender Phone Number	📞 +919123456789
Doctor Name	Mr. Annapoorna
Diseases	Headache

192121014.sse

Showing 5 of 5

General Info

Patient Na
Date Of Bi
Gender
Age
Marital Sta
Address
Email
Phone Nur

Emergency

Insurance Ir