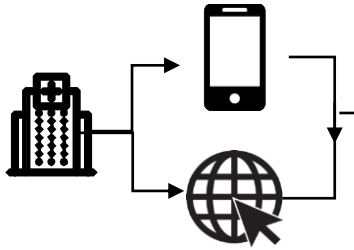
Healthcare Professionals Registry – Existing Registration Process



Healthcare Professional ID Registration

Enroll

1. Name*
2. Mobile Number*
3. e-Mail ID
4. Address

Authenticate

Authenticate:

1. KYC
2. Mobile Number

Personal Details

KYC & Official Communication Details*

1. Name*
2. DOB*
3. Gender*
4. Mobile Number*
5. Email ID *

Additional Personal Information

- Name*(for public display)
- Basic demographic information

Permanent Address*

Present Address

Contact Information (for public display)

Registration and Academic Details

System of Medicine

Registration Details

- Registered with*
- Registration Number*
- Registration Date & Valid up to
- Registration Certificate Upload*
- Name change documentation (if any)

Qualification

- Degree/Diploma Name*
- University*
- College*
- Year of Awarding Degree*
- Degree Upload*
- Name change documentation (if any)

Work Details

Specialization (for public display)

Work details

- Status – working / not working*
- If not working, choose reason
- If working, choose purpose and update work details
- Government / Private*
- State/Union Territory*
- District*
- Place of work*
- Designation*
- Department*

Government Programs and Schemes

- If working in any programs

Verifier

Details Verification

Changes submitted by Applicant for Reverification

Decline

Verify

Raise Query to Applicant

Application Verified

1. *Mandatory Field