



Ayushman Bharat Digital Mission Health Facility Registry (HFR)

**Registration of Private and
Public-Private-Partnership Facilities**



❖ Open the website facility.abdm.gov.in to access **Health Facility Registry (HFR)**



[ABOUT ABDM](#) [RESOURCE CENTER](#) [SUPPORT](#)

[SEARCH FOR A FACILITY](#)

Ayushman Bharat Digital Mission

Health Facility Registry

Health Facility Registry is a comprehensive repository of health facilities of the country across modern and traditional systems of medicine. It includes both public and private health facilities including hospitals, clinics, diagnostic laboratories and imaging centers, pharmacies, etc.

[Read More](#)

[Click here for Login or Registration](#)

[Watch a demo video for Health Facility Registration](#)



❖ To login or register in HFR, click on “Click here for Login or Registration”



Enter your Healthcare Professional ID

Healthcare Professional ID @hpr.abdm

Verify Healthcare Professional ID Reset

Do not have a Healthcare Professional ID? [Click here to register](#)

- ❖ If you have already signed up in HFR earlier/ or have a Healthcare Professional ID, enter the same in the field provided and click on Verify Healthcare Professional ID button
- ❖ If you do not have any health facility registered, and do not have any Healthcare Professional ID, then click on “Click here to Register” link to generate a Healthcare Professional ID before registration of a health facility.



- ❖ After login using the Healthcare Professional ID, the user dashboard will show 2 different roles if the user is not mapped to any role OR is logging into HFR for the first time
 1. Facility Manager
 2. Nodal Officer/Verifier



- ❖ To Add/Register facilities, click on "Facility Manager "button
- ❖ You will be redirected to Search and Register page
- ❖ You can Add/Register government facilities by three options
 1. Search using health facility name
 2. Search using the ID of your health facility registered in AB-PMJAY, NIN etc.
 3. Register New Facility





1. Register using Health Facility Name

The screenshot shows the 'Search and Register' section of the National Health Authority portal. It includes three radio buttons for search criteria: 'Search using health facility's name' (selected), 'Search using the ID of your health facility registered in AB-PH/JAY, MN etc.', and 'Register New Facility'. Below these are 'Facility Ownership' options: 'Government' (selected), 'Private', and 'Public-Private-Partnership'. There are two dropdown menus for 'Select Your State/Union Territory*' (set to 'Delhi') and 'Select Your District' (set to 'New Delhi'). A search bar contains the text 'hosp'. There are 'Search' and 'Reset' buttons.

- ❖ Select "Search using health facility's name" radio button.
- ❖ Select your State and District.
- ❖ Enter your facility name in the search box
- ❖ Click on "Search" button
- ❖ Searched facility details will be visible
- ❖ Proceed to register your facility by clicking on "Register this facility" radio button



The screenshot shows the search results table on the National Health Authority portal. The table has columns for Facility Name, District ID, Source, Address, AADM Registration Status, Facility Manager Details, and Action. Two results are shown: 'Capeen Orthocare Hospital' and 'Ayazli Credit Recycle Hospital'. Both are listed as 'Not Registered' and have a 'Register This Facility' button.

Facility Name	District ID	Source	Address	AADM Registration Status	Facility Manager Details	Action
Capeen Orthocare Hospital	0017980117002116000100001	National Health Resource Repository	C Block-Peak Road	Not Registered		Register This Facility
Ayazli Credit Recycle Hospital	0017980117002116002000000	National Health Resource Repository	B-2 Wafes Enclave Main Outer Ring Road	Not Registered		Register This Facility



- ❖ Another scenario by which a facility can be searched:
- 2. “Search using the ID of your health facility registered in ABPMJAY, NIN, State Govt. HMIS etc.”
- ❖ Enter the Facility ID in the search box.
- ❖ Click on “Search” button.

Facility List

Search and Register

Search using health facility's name

Search using the ID of your health facility registered in AB-PMJAY, NIN etc.

Register New Facility

Select Database in which your health facility is Registered*

AB-PMJAY Hospital Empowerment Module

HOSP12G10014

Search Reset



- ❖ Searched facility details will be visible.
- ❖ Click on “Authenticate via SMS/Email OTP” button

Facility List

Search and Register

Search using health facility's name

Search using the ID of your health facility registered in AB-PMJAY, NIN etc.

Register New Facility

Select Database in which your health facility is Registered*

AB-PMJAY Hospital Empowerment Module

HOSP12G10014

Search Reset

Facility Name	Source ID	Source	Address	ABDM Registration Status	Facility Manager Details	Action
General Hospital Test	HOSP12G20014	ABPMJAY Hospital Empowerment Module	IN	Not Registered	800002534 Coox@Email.Care	Authenticate Via SMS/Email <small>Security Details CDS 1600</small>



❖ Enter the OTP sent to the Facility Manager (equivalent to Nodal officer in ABPMJAY)

Please Enter OTP

Search and Register

- Search using health facility's name
- Search using the ID of your health facility registered in AB-PMJAY, NHA etc.
- Register New Facility

Select Database in which your health facility is registered*

AB-PMJAY Hospital Expansion Module

HOSP120108014

Search Done

Facility Name	Source ID	Source	Address	ABPM Registration Status	Facility Manager Details	Action
General Hospital, Taz	HOSP120108014	ABPMJAY Hospital Expansion Module	AB	Not Registered	Facility ID: Condition: 02/03/2024	Authenticate via SMS/Email



❖ After successful authentication, facility registration form will open. Facility manager can fill the form and submit the application

FACILITY DETAILS

Facility Name*

Country*

India

State / UT*

Select

District*

Select

Sub-district*

Select

Facility Region

Select

Village / City / Town

Select

Address line 1: Flat No/ Plot No/ Building Name*

Flat No/Plot No/ Building Name

Address line 2: Street/ Road/ Area/ Locality

Street/Road/Area/Locality

Pin Code*

Landline Number(for public display)

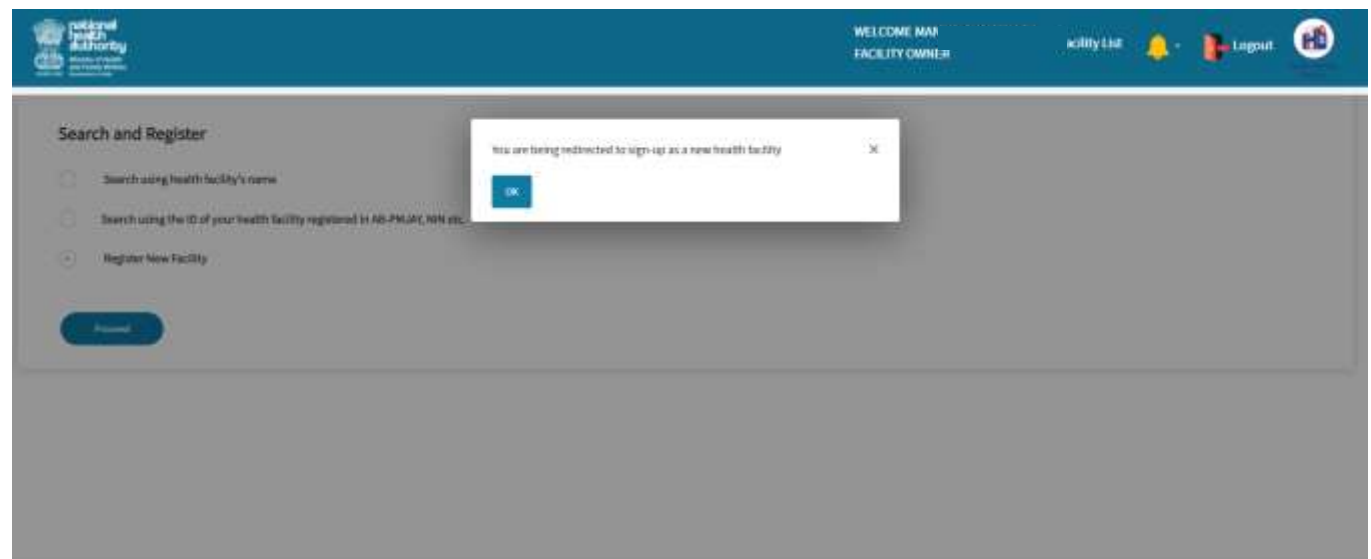
Mobile Number(for public display)



3. Registering via “Register New Facility”



- ❖ Click on “Register New Facility” button
- ❖ Click on Proceed button
- ❖ After clicking on “ok” button ,you will be redirected to “facility sign-up page”



national health authority
Ministry of Health and Family Welfare
Government of India

WELCOME!

Logout

FACILITY DETAILS

Facility Name*

State / UT*

Sub-district*

Village / City / Town*

Address Line 2: Street/ Road/ Area/ Locality

Country*

District*

Facility Region

Address Line 1: Flat No/ Plot No/ Building Name*

Pin Code*



Steps to fill the registration form



Health Facility Profile

Update Health Facility Details

- ❖ Facility Name*
- ❖ Country*
- ❖ State/UT Name*
- ❖ District Name*
- ❖ Sub-district*
- ❖ Facility Region
- ❖ City/Town/Village
- ❖ Address Line 1*
- ❖ Address Line 2
- ❖ Pin Code*
- ❖ Landline Number
- ❖ Mobile Number
- ❖ Facility Email ID
- ❖ Website
- ❖ Geographic Location*

Click to edit location

Updating Geographic Location

- ❖ Click on the blue map button, next to the latitude and longitude field, to enable editing of location
- ❖ Click on the magnifying lens to enable search. You can either choose the current location, or enter the name of the location, nearest landmark or select from the results.
- ❖ Click on Done to confirm and save the coordinates.

- ❖ Upload a clear picture of Facility Building Photograph and Facility Building Photograph



Health Facility Profile

Update the Linked ID fields if you are registered in any database

LINKED PROGRAM IDS

NHRR ID	National Identification Number (NIN)
ROHINI ID (As allotted by IIB)	AB-PMUJAY Hospital ID
CGHS Hospital ID	ECHS Hospital ID
State HMIS ID	State Insurance Scheme Hospital ID

Update Additional Facility Details such as Days of Operation, Shift timings etc.

ADDITIONAL FACILITY DETAILS

Please Note:

- Tick the 24hrs box if your facility operates all day.
- The timings can be either typed in 24hr format or selected from the drop-down.
- You can use the button to copy that particular day's timings to another day.
- The Green color means "Facility is open" on that day whereas, Red color means "Facility is closed" on that day.

Days of Operation

					Shift 1					Shift 2 (if any)
<input checked="" type="checkbox"/> MON	<input type="checkbox"/> 24 Hrs	From	07:00	To	20:00	From		To		
<input type="checkbox"/> TUE	<input type="checkbox"/> 24 Hrs	From	07:00	To	20:00	From		To		
<input type="checkbox"/> WED	<input type="checkbox"/> 24 Hrs	From	07:00	To	20:00	From		To		
<input type="checkbox"/> THU	<input type="checkbox"/> 24 Hrs	From	07:00	To	20:00	From		To		
<input checked="" type="checkbox"/> FRI	<input checked="" type="checkbox"/> 24 Hrs	From	00:00	To	00:00	From		To		
<input type="checkbox"/> SAT	<input type="checkbox"/> 24 Hrs	From	07:00	To	20:00	From		To		
<input type="checkbox"/> SUN	<input type="checkbox"/> 24 Hrs	From		To		From		To		

Does this facility use a Hospital Management Information System (HMIS) / Electronic Medical Record (EMR) System?

Yes No

Name of the Hospital Management Information System (HMIS) / Electronic Medical Record (EMR) System used*

Please enter valid Name

Facility Operational Status*

About Us (to be displayed on website)

Save as Draft

Save and Next

Click on Save and Next

Update Health Facility Details

- ❖ Availability and Name of EMR/ HMIS System Hospital Management Information System (HMIS) / Electronic Medical Record (EMR) System
- ❖ Facility Operational Status*
- ❖ About Us



Health Facility Profile

Update Health Facility Details

- ❖ Type of Service*
- ❖ Facility Ownership*
- ❖ Facility Ownership Subtype*
- ❖ System of Medicine*
- ❖ Facility Type*
- ❖ Facility Sub-Type*

PROGRESS 50%

To ensure the form is 100% complete, please fill in the remaining optional information

Detailed Facility Information

Type of Service*

OPD IPD Daycare

Facility Ownership* Government Private Public-Private-Partnership

Facility Ownership Subtype* Central Government State Government / UT Administration

System of Medicine*

Modern Medicine (Alopathy) Unani Physiotherapy Ayurveda Usul Siddha Sowa Rigpa Homeopathy

Facility Type*

Facility Sub Type*

Click on Save and Next



- ❖ Fill the type of specialty services provided by the health facility.

Detailed Facility Information

SPECIALTY

Modern Medicine (Alopathy)

<input checked="" type="checkbox"/> General Medicine	<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Neurology	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Cash Lab	<input type="checkbox"/> Interventional cardiology
<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Rheumatology	<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Obstetrics & Gynecology
<input type="checkbox"/> Orthopaedics	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> ENT	<input type="checkbox"/> Gastroenterology
<input type="checkbox"/> Endocrinology	<input type="checkbox"/> Nephrology	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Urology
<input type="checkbox"/> Hepatology	<input type="checkbox"/> Neurology	<input type="checkbox"/> Hematology	<input type="checkbox"/> Radiology
<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Immunology	<input type="checkbox"/> Oncology	<input type="checkbox"/> Pediatric Cancer
<input type="checkbox"/> Pulmonology (chest diseases and respiratory medicine)	<input type="checkbox"/> Dermatology and Venereology (Skin & VD) (DVTI)	<input type="checkbox"/> General Surgery	<input type="checkbox"/> Cardiothoracic and vascular surgery
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Gastroenterology Surgery	<input type="checkbox"/> Polytrauma	<input type="checkbox"/> Pediatric surgery
<input type="checkbox"/> Neurosurgeries	<input type="checkbox"/> Burns, Plastic & reconstructive Surgery	<input type="checkbox"/> Medicolegal/ Forensic Medicine	<input type="checkbox"/> Geriatrics
<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Radiation medicine	<input type="checkbox"/> Any other (specify)	



Health Facility Profile

Update Other Facilities provided by the Health Facility such as:

- ❖ Diagnostic Laboratory
- ❖ Imaging Center
- ❖ Pharmacy
- ❖ Blood Bank
- ❖ Cath lab
- ❖ Dialysis Center

GENERAL INFORMATION

Does your facility have Diagnostic Laboratory?

Yes, available for everyone Yes, available for in-patients only No

Does your facility have Blood Bank?

Yes, available for everyone Yes, available for in-patients only No

Does your facility have Dialysis Center?

Yes, available for everyone Yes, available for in-patients only No

Does your facility have Pharmacy?

Yes, available for everyone Yes, available for in-patients only No

Does your facility have Cath Lab?

Yes, available for everyone Yes, available for in-patients only No

Does your facility have Imaging Center?

Yes, available for everyone Yes, available for in-patients only No

Click on Save and Next

PROGRESS 75%

To ensure the form is 100% complete, please fill in the remaining optional information

Detailed Facility Information

I, [REDACTED], am the applicant of the above facility, and do hereby verify that the details as submitted on the portal pertaining to the above facility are true to my personal knowledge and nothing material has been concealed or falsely stated. I request you to kindly verify that the health facility as stated actually exists and give approval to that effect so that the facility can be 'validated for services' on the portal.

I am aware that the facility ID and related information can be used and shared with the entities working in the National Digital Health Ecosystem (NDHE) which inter alia includes stakeholders and entities such as healthcare professionals (e.g. doctors), facilities (e.g. hospitals, laboratories) and data fiduciaries (e.g. health programmes), which are registered with or linked to the Ayushman Bharat Digital Mission (ABDM), and various processes there under. I reserve the right to revoke the given consent at any point of time, subject to applicable laws, rules and regulations.

Click on Submit Button



Steps for Linkage of Software

- ❖ From the dashboard, click on **Link your software** for your respective facility

Srishti hospital Status : Approved

FACILITY ID IN3410000260

Ownership : Private
Address : Moolakulam road 605110

[Reset Password](#)

[View Details](#) [Software Linkage](#) [Add Healthcare Professional](#)



- ❖ Enter the Bridge ID provided to your health facility by the HMIS provider

WELCOME NAMDEO SHALINI Logout

Facility Profile List / HIP

Facility ID	Facility Name	Register HIP	HIP bridge ID
IN3410000260	Srishti hospital	Get Details	<input type="text"/>

Click on Get Details



- ❖ Verify the details displayed, tick the box and click on Register HIP

WELCOME NAMDEO SHALINI Logout

Facility Profile List / HIP

Facility ID	Facility Name	Register HIP	HIP bridge ID
IN3410000260	Srishti hospital	<input type="checkbox"/> Get Details	<input type="text" value="WEDEM011000001"/>

Bridge ID	Name	Url
WEDEM011000001	WEB EMR BRIDGE	https://www.burhies.gov.in/hip-bridge

I Namdeo Shalini, hereby acknowledge that I have read and agree to follow the "Guidelines for Health Information Providers, Health Repository Providers, Health Information Users and Health Lockers" as Published on Ayushman Bharat Digital Mission website and National Digital Health Mission Information Security Policy 2020 (Part 2 External Ecosystem) shared with me on my registered email ID. I understand that any breach or lapse of the same may lead to revocation of access and other consequent action.

[Register HIP](#)

Contact Us

Website <https://facility.abdm.gov.in/>

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