

ABHA

(Ayushman Bharat Health Account)
Key to your digital healthcare journey

Bill Banao Paisa Kamao

Process of DHIS Registration

DHIS Registration

Our Toll Free number: 1800-11-4477/14477

English



Home About ABDM Resource Center Support Grievance

Know Your Doctor/ Facility



hariom2002@hpr.abdm

Hari Om

Aadhaar Verified

Gender

Date of Birth

Male

21/9/2002

HPID Number

Role

71-1526-6572-8260

Facility Manager/ Administrator

Phone No.

+91 7827895272

Email

hariom895272@gmail.com

Verify

My Dashboard

Add New Facility

Add Facilities in Bulk

Transfer Request

Search Key

Search Value

Search

Reset

Marg Chemist

IN0611140739

Submitted

Ownership

Private

Address

Add Healthcare Professional

Software Linkage

Register for DHIS

Click here

Address

National Health Authority, 9th Floor, Tower-I, Jeevan Bharati Building,
Connaught Place, New Delhi - 110001

Email: abdm[at]nha[dot]gov[dot]in

Toll-Free Number: 1800-11-4477

Important Links

Ministry of Health & Family Welfare

ABHA

Healthcare Professional Registry (HPR)

Health Facility Registry (HFR)

Grievance Portal

Policies

Terms and Conditions

Website Policies

Health Data Management Policy

Data Privacy Policy

ABHA App



Get it on Google Play



Get it on the App Store

DHIS Registration



HOME ABOUT ABDM * RESOURCE CENTER * SUPPORT *

Eligibility Criteria for Digital health Incentive Scheme (DHIS)

- The benefits under this scheme will be applicable for all public and private sector health facilities.
- All hospitals, clinics and nursing homes will be eligible for the incentive scheme irrespective of the number of beds.
- For both hospitals and labs, minimum 100 transactions per month would be required to become eligible for this incentive program.
- For more information about Digital Health Incentive Scheme (DHIS) [Click here](#)
- The facility manager who has registered in the HFR is eligible to claim incentive in DHIS and same will be verified against the Aadhaar No.

Documents Required for Registration

1. Mandate Form (Download)
2. Cancelled Cheque
3. Annexure-4 (if applicable) (Download)
4. Pan Card

Click on Proceed →

Proceed

Address

National Health Authority 5th Floor, Tower-4, Jeevan Bharati Building,
Connaught Place, New Delhi - 110001
E-mail: [abdm@nha\(dot\)gov\(dot\)in](mailto:abdm@nha(dot)gov(dot)in) | Toll-Free Number : 1800-11-4477

Important Links

Ayushman Bharat Digital Mission
ABHA
Healthcare Professionals Registry
Grievance Portal

Policies

Terms & Conditions
Website Policy
Health Data Management Policy
Data Privacy Policy

ABHA App



ABHA App is a personal health viewer app from National Health Authority. This app helps the citizens to maintain their health records at one place.



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Documents Required for Registration

1. Mandate Form [\(Download\)](#)
3. Annexure-4 (if applicable) [\(Download\)](#)

4. Pan Card

Address

National Health Authority (NH) Floor, Tower 4, Jawahar Bhawan Building,
Connaught Place, New Delhi - 110088
E-mail: information@nh.gov.in, Toll Free Number : 1800-11-4477

Important Links

[Ayushman Bharat Digital Mission India](#)
[Healthcare Professionals Registry](#)
[Surveillance Portal](#)

Policies

[Terms & Conditions](#)
[Website Policy](#)
[Health Data Management Policy](#)
[Data Privacy Policy](#)

ABHA App



ABHA App is a personal health vision app from National Health Authority. This app brings the authority to maintain their health.

This is one-time Aadhaar verification process as per the guidelines of PFMS.

Please Validate Your Aadhaar Details

Verify

Close

Check and Proceed on E-sign

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

Logout

Profile Actions

- Update Profile
- Claim Your Incentive
- Claim payment status

DHIS Updation [Click here for Digital Health Incentive Scheme](#)

Bank Details of the Beneficiary

Facility ID* Facility Name* Facility Manager Name* Total Number of Beds*

IN0611140739 Marg Chemist Kishankant Prasad 0

Name of Bank Account Holder* Bank Name* Bank IFSC Code*

Branch Name* Bank Account Number* Re-enter Bank Account Number*

Prashant Vihar

Address of Bank Branch* Bank State* Bank District*

Central Market Delhi North West

Bank Sub-district/City* PAN Number*

Rohini DDDPF9051F

VERIFY THAT YOU HAVE ENTERED THE SAME NUMBER OF DIGITS IN THE ACCOUNT NUMBER FIELD AS IN YOUR CHEQUE BOOK. FOR E.G. IF THE ACCOUNT NUMBER IN YOUR CHEQUE BOOK IS '000000000000' YOU SHOULD ENTER '000000000000'. PLEASE DO NOT REMOVE LEADING ZEROS WHILE ENTERING THE BANK ACCOUNT. MISMATCH IN DIGITS WILL LEAD TO REJECTION.

UPLOAD DOCUMENTS

Upload Cancelled Cheque*

Choose file Browse

Please note only pdf/jpg/png file types are allowed.
Maximum size allowed for the attachment is 5MB

Upload Organization PAN*

Choose file Browse

Please note only pdf/jpg/png file types are allowed.
Maximum size allowed for the attachment is 5MB.
Only the Organization PAN (not individual PAN) should be provided during DHIS registration since incentives are subject to TDS deduction.

Upload Mandate Form* Download Mandate Form

Upload Annexure-4 Form* Download Annexure Form

Fill detail as required →

Upload Mandate Form* Download Mandate Form

Choose file Browse

Please note only pdf/jpg/png file types are allowed.
Maximum size allowed for the attachment is 5MB.
Mandate form is used to register for bank account details when you register for the first time. It is a one-time document and should be provided only once.

Upload Annexure-4 Form* Download Annexure-4 Form

Choose file Browse

Please note only pdf/jpg/png file types are allowed.
Maximum size allowed for the attachment is 5MB.
Annexure-4 is a declaration by Health Facility (DHIS) owner that the bank account details provided are correct and true. It is a one-time document and should be provided only once.

Select all

Mandate documents

Click Proceed to E-Sign

Proceed for E-Sign

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

Logout

Profile Actions

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E-Sign for DHIS Registration/Updation

Your registration/updation for DHIS yet to be digitally signed
Click on Proceed to complete the digital signature process

Proceed

Click Proceed to E-Sign

Enter Aadhaar | OTP & Submit



You are currently using C-DAC eSign Service and have been redirected from



CDAC's e-Sign Service

View Document Information

☒ Aadhaar Number ☐ Virtual ID ☐ UID Token [Get Virtual ID](#)

[How to generate TOTP?](#)

☒ I hereby state that I have no objection in authenticating myself with Aadhaar based authentication system and consent to providing my Aadhaar number/VID/UID Token and One Time Pin (OTP)/Time-based One Time Password (TOTP) data for Aadhaar based authentication. I understand that the OTP/TOTP I provide for authentication shall be used only for authenticating my identity through the Aadhaar Authentication system and for obtaining my e-KYC through Aadhaar e-KYC service only for the purpose of e-signing.

[Listen to Consent](#) [English](#)

OTP has been sent to mobile number <*****2673>

[Submit](#) [Cancel](#)

[Not Received OTP? Resend OTP](#)

Kindly click "Resend OTP" link after 15 seconds....

Click Submit

E-Signed DHIS

E-Signed DHIS Registration/Updation

The following information is submitted for Digital Health Incentive Scheme of Ayushman Bharat Digital Mission.

Facility Id:	IND61140739
Facility Name:	Marg Charlat
Facility Manager:	Krishan
Name of Account Holder:	Krishan
Bank Name:	State Bank of India
Bank Account Number:	3104955555
Bank Branch Name:	Prashant Vihar
Bank IFSC code:	SBIN004040
PAN Card Number:	DDCF5051F
Address of bank branch:	Central Market
Bank City, District & State:	Rohini, North West & Delhi
Upload Mandate Form:	Yes
Upload Cancelled Cheque:	Yes
Upload PAN Card:	Yes
Upload Annexure-4 Form:	Yes

Undertaking

I hereby, declare that the entries made by me pertaining to the number of beds in Health Facility Registry are true and correct to the best of my knowledge. I, further, undertake to present the original documents immediately upon demand by the National Health Authority.

I hereby, declare that the entries/uploads made by me pertaining to the bank details above are complete and true to the best of my knowledge. I, further, undertake to present the original documents immediately upon demand by the National Health Authority.

I declare that I wish to enrol in this Digital Health incentive scheme and will adhere by all the policies and guidelines as issued by National Health Authority.

Name: Krishan
Mobile Number: 9611431 991
Email ID: krishan@margerp.net
Digital Signature:

Digitally signed by
Date: 2024.09.17 19:34:42 IST
Reason: DHIS Registration/Updation
Location: NA

Claim your incentive



Profile Actions

- Update Profile
- Claim Your Incentive
- Claim payment status

Claim Your Incentive IN0611140739

Facility Type : Pharmacy

*E- sign is mandatory to process your claim and e- sign button will be activated when incentive is above 1 INR. For e-signing claim document, use same Aadhaar details used at the time of DHIS registration. Once you click esign button you will be redirected to e-hastakshar site. Verify your Aadhaar details and come to back to DHIS application. click on claim bottom to complete the Claim process in DHIS application. For any queries you may contact abdm.incentives@nha.gov.in

No of Transactions found: 0

S No	Facility ID	Facility Name	No. Of Beds Declared(Maximum in the month)	Eligible No. of Trans (In a month)	Year	Month	Claim Amount in INR	Export	Remarks
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No claim for this month.

Claim payment status

Profile Actions

View Claim History for IN0611140739

- Update Profile
- Claim Your Incentive
- Claim payment status

No of Transactions found: 0

S No	Claim ID	Transaction Amount (INR)	Bank Details	Year	Month	Status	Claimed On	Paid On	UTR No.	Export
No Processed Claim.										

Thank you