

ABHA

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

Bill Banao Paisa Kamao

Creation of HFR (Health Facility Registry)

Creation of HFR (Health Facility Registry)

HFR Registration Process

Go to Digital > ABHA-Ayushman Bharat > Chemist ABHA HFR Registration (**Use Updated Software**)
(URL - <https://nhpr.abdm.gov.in/login>)

The screenshot displays the Marg ERP 9+ software interface. The top navigation bar includes: Masters, Transactions, Accounts, Digital, Books, Final Reports, Gst, e-Way, Stocks, Daily Reports, Reports, Hot Keys, Links, and Exit. The 'Digital' menu is expanded, showing a sub-menu for 'ABHA - Ayushman Bharat'. Within this sub-menu, the 'ABHA HFR Registration' option is highlighted. Other options in the 'ABHA - Ayushman Bharat' sub-menu include Patient History, Patient Registration, Patient ABHA Card Download, ABHA Incentive Claim, Upload ABHA Bills -> Pending, and Upload ABHA Bills -> Bulk. The main interface also shows a 'Dashboard' section with a search bar and a list of buttons: Sale, Purc.Challan, S/R Expiry, P/R Expiry, Receipt, Payment, and Cash & Bank Book.

HFR Registration Process

(URL - <https://nhpr.abdm.gov.in/login>)

Our Toll Free number:1800-11-4477/14477 +A A A- | English

[Login/Registration](#) [Admin Login](#)

[Home](#) [About ABDM](#) [Resource Center](#) [Support](#) [Grievance](#) Know Your Doctor/ Facility

Login to National Healthcare Providers Registry

Login Via

Registered Mobile Number*

2+1=? 

Do not have an account? [Register Here](#) ← **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](mailto: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





HFR Registration Process

Fill Aadhaar Number & other information then submit

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

+A A A- | English

national health authority

Home About ABDM Resource Center Support Grievance Know Your Doctor/ Facility

Create your Healthcare Professional ID

The Healthcare Professional ID will connect you to the India's Digital Health ecosystem

Generate Healthcare Professional ID via

Aadhaar Driving License

Enter your Aadhaar Number/Virtual ID*

..... **← Enter Aadhaar Number**

ENG हिंदी

I, hereby declare that I am voluntarily sharing my Aadhaar Number / Virtual ID and demographic information issued by UIDAI, with National Health Authority (NHA) for the sole purpose of creation of Healthcare Professional ID. I understand that my Healthcare Professional ID can be used and shared for purposes as may

I agree

4+5=? 9 ↻

Reset **Submit** **← Click on Submit**

Already have an account? [Login Here](#)

Address Important Links Policies ABHA App Saksham, L&D, Marg ERP Ltd.

HFR Registration Process

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

+A A A- | English



Login/Registration Admin Login

Home About ABDM Resource Center Support Grievance Know Your Doctor/ Facility

Create your Healthcare Professional ID

The Healthcare Professional ID will connect you to the India's Digital Health ecosystem

Generate Healthcare Professional ID via

Aadhaar Driving License

Enter your Aadhaar Number/Virtual ID*

.....

We have sent an OTP to the Aadhaar linked mobile number *****2343

9 9 4 4 6 8

Didn't receive OTP? [Resend OTP](#) 67 seconds remaining

Already have an account? [Login Here](#)

← Enter OTP

← Click on Submit

Address

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

Email: [abdm\[at\]nha\[dot\]gov\[dot\]in](mailto:abdm[at]nha[dot]gov[dot]in)

Important Links

Ministry of Health & Family Welfare
ABHA
Healthcare Professional Registry (HPR)
Health Facility Registry (HFR)

Policies

Terms and Conditions
Website Policies
Health Data Management Policy
Data Privacy Policy

ABHA App



HFR Registration Process



Login/Registration

Admin Login

Home

About ABDM

Resource Center

Support

Grievance

Know Your Doctor/ Facility



Hari Om

Aadhaar Verified

Gender Male

Date of Birth 21-09-2002

Address C/O : Netrapal B-1/983 J J Colony Madanpur Khadar Sarita Vihar Kalkaji

Fill Mobile, Email, DOB, Dist. & Sub Dist.

Registration Form (Mobile verification is required)

Mobile Number* 7827895272	Email* hariom895272@gmail.com	Date of Birth* 21-09-2002
<small>Mobile number linked with Aadhaar will get auto verified, OTP will be sent in case mobile number is different. Email verification is not mandatory.</small>		
District* South East	Sub District Sarita Vihar	

Click Verify then from email click on link to verify

Roles*

- I am a Healthcare Professional
- I am a Facility Manager/Administrator
- I am a Healthcare Professional & Facility Manager

Choose it

Category*

Facility Manager

Choose Facility Manger

Healthcare Professional ID/Username*

hariom2002

@hpr.abdm

Password*

Confirm Password*

Suggestions: hariom2002, hari2002, om2002

Reset

Fill ID & Password

Submit

Suggestions for User ID

Click on Submit, Marg ERP Ltd.

HFR Registration Process



Hari Om

Aadhaar Verified
Gender Male
Date of Birth 21/9/2002

HPID Number
Role

71-1526-6572-8260
Facility Manager/ Administrator

Phone No. +91 7827895272
Email hariom895272@gmail.com

My Dashboard Add New Facility Add Facilities in Bulk Transfer Request

1

Facility Registration Form

2

Detailed Facility Information

3

Preview Profile

Facility Details

Please choose the programme type and enter the programme registration ID if you have previously registered for any of the programmes. The appropriate data fields will be pre-populated as a result.

Linked Program Type

STHMISID

Select STHMISID

Registration ID

71152665728260

Fill Registration ID

Search

Pincode*

110076

Locate your Facility*

Facility Name*

Country*

India

State/Union Territory*

Delhi

District*

South

Sub District*

Village/City/Town

Address*

Facility Mobile Number

+91

Verify

Facility Email

Facility Landline

Facility Website

Link for booking an Appointment

HFR Registration Process



Hari Om

Home About ABDM Resource Center Support Grievance Know Your Doctor/ Facility



Hari Om
Aadhaar Verified
Gender Male
Date of Birth 21/9/2002

HPID Number 71-1526-6572-8260
Role Facility Manager/ Administrator

Phone No. +91 7827895272
Email hariom895272@gmail.com

My Dashboard Add New Facility Add Facilities in Bulk Transfer Request

1

Facility Registration Form

2

Detailed Facility Information

Facility Details

Please choose the programme type and enter the programme registration ID if you have previously registered for any of the programmes. The appropriate data fields will be pre-populated as a result.

Linked Program Type

STHMISID

Registration ID

71152665728260

Search

Pincode* 110076 Enter Pincode & select location

Locate your Facility* Click on location button, & choose location from Map

Facility Name*

Country* India

State/Union Territory* Delhi

District* South

Sub District*

Village/City/Town

Address*

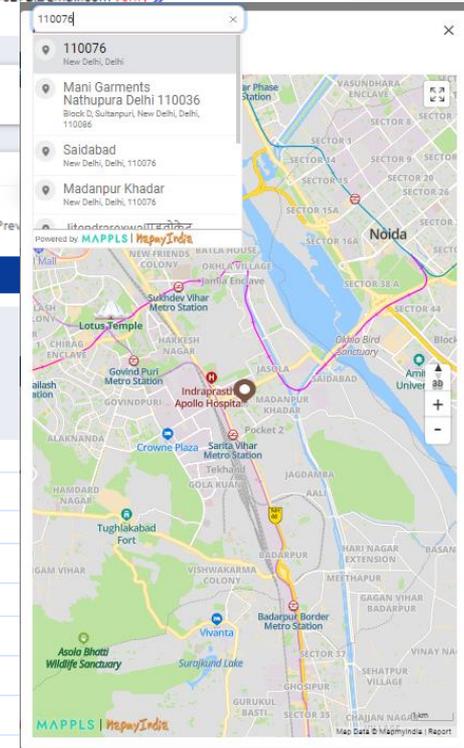
Facility Mobile Number +91

Facility Email

Facility Landline

Facility Website

Link for booking an Appointment



HFR Registration Process



Hari Om

Aadhaar Verified

Gender

Male

Date of Birth

21/9/2002

HPID Number
Role

71-1526-6572-8260

Facility Manager/ Administrator

Phone No.
Email

+91 7827895272

hariom895272@gmail.com

My Dashboard Add New Facility Add Facilities in Bulk Transfer Request

1

Facility Registration Form

2

Detailed Facility Information

3

Preview Profile

Facility Details

Please choose the programme type and enter the programme registration ID if you have previously registered for any of the programmes. The appropriate data fields will be pre-populated as a result.

Linked Program Type

STHMISID

Registration ID

71152665728260

Search

Pincode*

110076

Locate your Facility*

28.53478666777829,77.29117209325415

Facility Name*

Longitude & Latitude, Country, State comes automatically after choosing location from map

Country*

India

State/Union Territory*

Delhi

District*

South

Sub District*

Village/City/Town

Address*

Facility Mobile Number

+91

Verify

Facility Email

Facility Landline

Facility Website

Link for booking an Appointment

HFR Registration Process

[My Dashboard](#) [Add New Facility](#) [Add Facilities in Bulk](#) [Transfer Request](#)

1

Facility Registration Form

2

Detailed Facility Information

3

Preview Profile

Facility Details

Please choose the programme type and enter the programme registration ID if you have previously registered for any of the programmes. The appropriate data fields will be pre-populated as a result.

Linked Program Type

STHMISID

Registration ID

71152665728260

Search

Pincode*

110076

Locate your Facility*

28.53478666777829,77.29117209325415

Facility Name*

Hari Om Pharmacy

Country*

India

State/Union Territory*

Delhi

District*

South East

Sub District*

Sarita Vihar

Village/City/Town

Address*

Madanpur Khadar, Sarita Vihar, Delhi

Facility Mobile Number

+91 7827895272

Verify

Please verify Mobile Number

Facility Email

hariompharmacy@gmail.com

Facility Landline

011-9000000

Facility Website

Link for booking an Appointment

Fill Dist.,
Address, after
filling mobile
number click
on verify

HFR Registration Process

My Dashboard Add New Facility Add Facilities in Bulk Transfer Request

1

Facility Registration Form

2

Detailed Facility Information

3

Preview Profile

Facility Details

Please choose the programme type and enter the programme registration ID if you have previously registered for any of the programmes. The appropriate data fields will be pre-populated as a result.

Linked Program Type

STHMISID

Registration ID

71152665728260

Search

Pincode*

110076

Locate your Facility*

28.53478666777829,77.29117209325415

Facility Name*

Hari Om Pharmacy

Country*

India

State/Union Territory*

Delhi

District*

South East

Sub District*

Sarita Vihar

Village/City/Town

Address*

Madanpur Khadar, Sarita Vihar, Delhi

Facility Mobile Number

+91 7827895272



Facility Email

hariompharmacy@gmail.com

Facility Landline

011-9000000

Facility Website

Link for booking an Appointment 🔗

Mobile no. verified

HFR Registration Process

My Dashboard **Add New Facility** Add Facilities in Bulk Transfer Request

1

Facility Registration Form

2

Detailed Facility Information

3

Preview Profile

Facility Details

Please choose the programme type and enter the programme registration ID if you have previously registered for any of the programmes. The appropriate data fields will be pre-populated as a result.

Linked Program Type

STHMISID

Registration ID

71152665728260

Search

Pincode*

110076

Locate your Facility*

28.53478666777829,77.29117209325415

Facility Name*

Hari Om Pharmacy

Country*

India

State/Union Territory*

Delhi

District*

South East

Sub District*

Sarita Vihar

Village/City/Town

Address*

Madanpur Khadar, Sarita Vihar, Delhi

Facility Mobile Number

+91 7827895272

Facility Email

hariompharmacy@gmail.com

Facility Landline

011-9000000

Facility website

Link for booking an Appointment

← Optional, if available then fill

HFR Registration Process

Sub District*	Village/City/Town	Address*
Sarita Vihar		Madanpur Khadar, Sarita Vihar, Delhi
Facility Mobile Number	Facility Email	Facility Landline
+91 7827895272	hariompharmacy@gmail.com	011-9000000
Facility Website	Link for booking an Appointment	

Facility Information Details

Facility Ownership*	Facility Ownership Subtype
<input type="radio"/> Government <input checked="" type="radio"/> Private <input type="radio"/> Public-Private-Partnership	<input checked="" type="radio"/> Profit <input type="radio"/> Not for Profit

System of Medicine (Multiple Selection)*

Choose Private, Profit or as per requirement

Modern Medicine(Allopathy)	Dentistry	Physiotherapy	Ayurveda	Unani	Siddha
----------------------------	-----------	---------------	----------	-------	--------

Facility Type*

Pharmacy

Facility Sub Type*

No Applicable Subtype

Profit
Sole Proprietorship
Limited Liability Partnership
Partnership
Sole Proprietorship
Registered companies (registered under relevant central/state Act)
Functional

Choose as per requirement

Save Draft

Save & Next

HFR Registration Process



Home About ABDM Resource Center Support Grievance Know Your Doctor/ Facility

Sarita Vihar Madanpur Khadar, Sarita Vihar, Delhi

Facility I: +91 7827895272 Facility Email: hariompharmacy@gmail.com Facility Landline: 011-9000000

Facility Website: Link for booking an Appointment

Facility Information Details

Facility Ownership* Government Private Public-Private-Partnership Facility Ownership Subtype Profit Not for Profit Profit: Sole Proprietorship

System of Medicine (Multiple Selection) **Select Modern Medicine or as per requirement**

Modern Medicine(Allopathy) Dentistry Physiotherapy Ayurveda Unani Siddha Sowa-Rigpa Homeopathy

Facility Type* Pharmacy Facility Sub Type* No Applicable Subtype Facility Operation Status* Functional

Save Draft Save & Next

Select Pharmacy and Functional in Facility Operation Status

Click on Save & Next

HFR Registration Process

national health authority

hariom2002@hpr.abdm Date of Birth 21/9/2002

Home About ABDM Resource Center Support Grievance Know Your Doctor/ Facility

My Dashboard **Add New Facility** Add Facilities in Bulk Transfer Request

1 Facility Registration Form 2 Detailed Facility Information 3 Preview Profile

Additional Facility Details (Optional)

Uploads (Optional)

Linked Program IDs (Optional)

Does this facility use a Hospital Management Information System (HMIS)/ Electronic Medical Record (EMR) System?
 Yes No

Back Save Draft Save & Next

Click on arrow & Fill additional information



HFR Registration Process



Facility Registration Form



Detailed Facility Information



Preview Profile

Additional Facility Details (Optional)

Days of Operation			Shift 1			Shift 2 (if any)										
Monday	<input type="checkbox"/> 24hrs		09	:	00	to	20	:	00	00	:	00	to	00	:	00
Tuesday	<input type="checkbox"/> 24hrs		09	:	00	to	20	:	00	00	:	00	to	00	:	00
Wednesday	<input type="checkbox"/> 24hrs		09	:	00	to	20	:	00	00	:	00	to	00	:	00
Thursday	<input type="checkbox"/> 24hrs		09	:	00	to	20	:	00	00	:	00	to	00	:	00
Friday	<input type="checkbox"/> 24hrs		09	:	00	to	20	:	00	00	:	00	to	00	:	00
Saturday	<input type="checkbox"/> 24hrs		09	:	00	to	20	:	00	00	:	00	to	00	:	00
Sunday	<input type="checkbox"/> 24hrs		10	:	00	to	20	:	00	00	:	00	to	00	:	00



Choose days & time

HFR Registration Process



Click on Arrow

Facility Registration Form

Detailed Facility Information

Preview Profile

Additional Facility Details (Optional)

Uploads (Optional)

Facility Building Photograph

Drag and drop files, or Browse

Maximum size allowed for the attachment is 5MB. PNG/JPEG/JPG file types are supported



Facility Board Photograph

Drag and drop files, or Browse

Maximum size allowed for the attachment is 5MB. PNG/JPEG/JPG file types are supported



Address Proof Type

Any Other

Address Proof

Drag and drop files, or Browse

Maximum size allowed for the attachment is 5MB. PNG/JPEG/JPG/PDF file types are supported



Add Address Proof

Linked Program IDs (Optional)

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

Yes No

Back

Save Draft

Save & Next

Building Photograph, Address proof is optional

HFR Registration Process

The screenshot shows the 'Facility Registration Form' in the Marg ERP9+ system. The form is part of a three-step process: 1. Facility Registration Form, 2. Detailed Facility Information, and 3. Preview Profile. The current step is 'Detailed Facility Information'. The form includes several sections: 'Additional Facility Details (Optional)', 'Uploads (Optional)', and 'Linked Program IDs (Optional)'. The 'Linked Program IDs (Optional)' section is highlighted with a red box and has a red arrow pointing to it with the text 'Optional, only for Hospitals'. Below this section is a question: 'Does this facility use a Hospital Management Information System (HMIS)/ Electronic Medical Record (EMR) System?'. There are two radio button options: 'Yes' and 'No'. The 'No' option is selected and highlighted with a red box, with a red arrow pointing to it and the text 'Choose No'. At the bottom of the form, there are three buttons: 'Back', 'Save Draft', and 'Save & Next'. The 'Save & Next' button is highlighted with a red box, with a red arrow pointing to it and the text 'Click on Save & Next'.

national health authority

Home About ABDM Resource Center Support Grievance Know Your Doctor/ Facility

1 Facility Registration Form 2 Detailed Facility Information 3 Preview Profile

Additional Facility Details (Optional) ⓘ

Uploads (Optional)

Linked Program IDs (Optional) ← Optional, only for Hospitals

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

Yes No ← Choose No

Back Save Draft Save & Next

Click on Save & Next

HFR Registration Process

Facility Registration Form

Detailed Facility Information

Preview Profile

The below information is for public display



Hari Om Pharmacy

Facility Manager Hari Om

Facility Mobile Number +91 7827895272

Facility Email hariompharmacy@gmail.com

Facility Landline 011-9000000

Facility Address Medanpur Khadar, Sarita Vihar, Delhi

System of Medicine Modern Medicine(Allopathy)

Facility Type Pharmacy

Facility Ownership Private

Facility State Delhi

Facility Operation Status Functional

Facility Website --

To preview your facility registration details Click here

Your profile will be visible to the public, choose public display settings. [Click here](#)
You provide your consent to this application to display your profile in public

Did anyone assisted you during registration? *

Yes No

About

Hari Om Pharmacy

16/500 characters

**Choose no or yes,
Write about you**

Click on Checkbox



I 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 existence' 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.

Back

Draft

Click on E-sign & Submit

E-sign & Submit

HFR Registration Process



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](#)

Fill Aadhaar

Aadhaar TOTP Aadhaar OTP [How to generate TOTP?](#)

Enter OTP

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 <*****5272>

Click on Submit Not Received OTP? [Resend OTP](#)

HFR Registration Process

Facility Registration Form

Detailed Facility Information

Preview Profile

The below information is for public display



Hari Om Pharmacy

Facility Manager Hari Om

Facility Mobile Number +91 7827895272

Facility Email hariompharmacy@gmail

Facility Landline 011-9000000

Facility Address Madanpur Khadar, Sarita

System of Medicine Modern Medicine(Allopa

Facility Type Pharmacy

Facility Ownership Private

Facility State Delhi

Facility Operation Status Functional

Facility Website --

To preview your facility registration details Click here

Your profile will be visible to the public, choose public display settings. [Click here](#)

You provide your consent to this application to display your profile in public

Did anyone assisted you during registration? *

Yes No



Submitted !

Facility **IN0710004073** submitted successfully for verification



← Click on OK

I 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 existence' 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.

Back

Draft

E-sign & Submit

HFR ID and Other Information

To Whom It May Concern

The following health facilities are submitted in Health Facility Registry of Ayushman Bharat Digital Mission:

Sr No	Facility Id	Facility Name	State/UT	District	Facility Ownership	Facility Type	Submitted Date
1	IND011140739	Marg Chemist	HARYANA	Gurugram	Private	Pharmacy	17-09-2024

I am the applicant of the above facility/facilities and do hereby verify that the details as submitted on the portal pertaining to the above facility/facilities 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/facilities as stated actually exists and give approval to that effect so that the facility can be 'validated for existence' 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.

- Name: Krishan
- Healthcare Professional ID Number: 71-0352-0107-0053
- Mobile Number: 9911419911
- Email ID: krishan@margerp.net
- Digital Signature:

Digitally signed by
Date: 2024.09.17 15:48:48 IST
Reason: HFR Facility Registration
Location: NA

HFR Information, HFR ID is very important & will be entered in Marg ERP. Must note it.

Thank you