





# Allied and Healthcare Professionals Enrolment Portal

**User Manual** 

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Version: 1.0

Step 1: The user will go to https://ahpr.abdm.gov.in/. The following page will appear-



**Step 2:** The user will click on the '**Click here for Login or Enrolment**' button that is displayed on the left side of the screen. Login screen will appear.

## **Enrolment Process for Allied and Healthcare Professionals**

Response Respon		
HOME ABOUT NCAHP USE	MANUAL VIDEO FAQ GRIEVANCE	
	Login	
	FOR EXISTING USER FOR NEW US	ER
	Enrolment ID / Username Mobile	
	Enter Your Allied And Healthcare Professional Username *	
	Allied And Healthcare Professional Username	@ahpr.abdm
	Submit Reset Forgot Your Allied And Healthcare Professional	Usemame

Step 3: To enrol, user will click on 'For New User' option-

The following Instructions screen will appear, user will read the instructions and then clicks on 'Next' button.



**Step 3:** For enrolment, user will enter Aadhaar Number, check the consent, which is available in English and Hindi, enters the simple numeric captcha and clicks on '**Get Aadhaar OTP**' button.

Enter your	Aadhaar Number *	
Aadhaa	ar Number	(I)
English	Hindi	
demograpr	hic information issued by UIDAI, with National Health /	Authority (NHA) for
the sole pu understance for purpose Further, I an	hic information issued by UIDAI, with National Health A urpose of creation of Allied and Healthcare Profession d that my Allied and Healthcare Professional ID can be es as may be notified by Ayushman Bharat Digital Mis m aware that my personal identifiable information (Na	Authority (NHA) for nal enrolment ID. I e used and shared ssion (ABDM). ame, Address, Age,

**Step 4**: User will enter the OTP received on Aadhaar linked Mobile Number and then clicks on **Verify OTP** button.

Enter your Aadhaar Num	iber *	
		(P)
We have sent the OTP to	your Aadhaar linked mobile number : *******2062	
Aadhaar OTP *		
Enter Aadhaar OTP		
	Verify OTP Resend OTP in :70 Sec.	

Step 5: After verifying Aadhaar OTP, User will enter the **Registered Mobile Number** and clicks on **'Verify Mobile'** button.

	()
Aadhaar OTP * 📀	
502388	
Registered Mobile Number *	
Enter Mobile Number	

After successful verification of mobile number, user will click on **Enrol** button.

Enter your Aadhaar Numbe	er *
	<b>I</b> D
Aadhaar OTP * 오	
502388	
Registered Mobile Number	* •

Step 6: The user will complete the Enrolment Form-

Name, DOB, Gender, and Address will be auto-populated from Aadhaar, and the mobile number will be auto-populated from the previous screen. The user will then fill in details such as the Allied and Healthcare professional **username** or select one from the suggested options, choose its **sub-category** and **category**, **enter and confirm the password**, and provide an **email address** and click on '**Enrol**' button.

Enro	Iment
New	
Hume	
Allied and Healthcare Professional Userna	me *
Enter User Id	@ahpr.abdm
Suggestions: kunal, kunal20101989, kuna	1989, kunal2010
Allied and Healthcare Professions*	
Biotechnologist	x *
Allied and Healthcare Professional Catego	ry *
Medical Laboratory Life Sciences	× •
Password * 0	Confirm Password *
Password 40	
Email Address*	Mobile No.*
	··· ·
Date Of Birth*	Gender*
( Lu,	M
Address*	
for an and the gradient of the second	

User Dashboard will appear, the user will have to fill the following details-

- Personal Details
- Qualification Details
- Work Details
- Preview Profile

#### **Personal details**

**Step 7:** The user will fill 'Personal details' in the screen below, such as Name, DOB, and Gender which will be automatically fetched from your Aadhaar KYC. The user to fill the additional information such as Father's Name, Mother's Name, and Nationality. If your communication address is the same as your Aadhaar address, select the checkbox and the details will be fetched from Aadhaar. Then click on 'Save & Next'.

Personal Details	Qualification Details	Work Details		Preview Profile
Personal Details				
Salutation *				
Mr. O Ms. O Dr. O Do Not Sp	pecify			
Name (For Public Display) *	Father's Name *		Mother's Name *	
L.	A		В	
Consulta Nama			N-stan - Ray	
spouse's Name	By Birth By Domicile		Nationality	
			Indian	`
Place Of Birth *	Languages Spoken			
Delhi	× English × Hindi	×		
	Note: Multiple language can be selected			
Address as per KYC :				Aadhaar Verified
Address as per KYC :				Aadhaar Verified
Address as per KYC : contention and the second seco	ır Address As Per KYC ? 🗆			Aadhaar Verified (
Address as per KYC : ,	rr Address As Per KYC ? □ Country*		State/Union Territory *	Aadhaar Verified
Address as per KYC : Communication Address Is This Communication Address Same As You Name * Kunal Address *	r Address As Per KYC ? Country*	~	State/Union Territory *	Aadhaar Verified
Address as per KYC : C,	rr Address As Per KYC ? Country* India Sub District	~	State/Union Territory *	Aadhaar Verified
Address as per KYC : Communication Address Is This Communication Address Same As You Name * Kunal Address * Communication Address Same As You District *	r Address As Per KYC ? Country* India Sub District Sub District	~	State/Union Territory *	Aadhaar Verified
Address as per KYC : Communication Address Is This Communication Address Same As You Name * Kunal Address * C	r Address As Per KYC ? Country* India Sub District -Select-	~	State/Union Territory *	Aadhaar Verified
Address as per KYC : Communication Address Is This Communication Address Same As You Name * Kunal Address * C	r Address As Per KYC ? Country* India Sub DistrictSelect-	~	State/Union Territory *	Aadhaar Verified
Address as per KYC : Communication Address Is This Communication Address Same As You Name * Kunal Address * Communication Address (Communication Address) East District * East Postal Code(PIN) *	rr Address As Per KYC ? Country* India Sub District Select-	· ·	State/Union Territory *	Aadhaar Verified (
Address as per KYC : Communication Address Is This Communication Address Same As You Name * Kunal Address * Communication Address Same As You District * East Postal Code(PIN) * Trooor	r Address As Per KYC ? Country* India Sub District Sub District	~	State/Union Territory *	Aadhaar Verified (

#### **Qualification Details**

**Step 8:** Category and Profession will be populated from the enrolment form, User will fill the **Matriculation or equivalent** details such as Name of the school/College, Board/University, Year of Passing from the dropdown, and Upload certificate in (PDF, PNG, JPEG, JPG format Max Size 5 MB).

User then fills the **Senior Secondary or Equivalent** details such as Name of the school/College, Board/University, Stream, Year of Passing from the dropdown, and Upload certificate in (PDF, PNG, JPEG, JPG format Max Size 5 MB).

Personal Details	Qualification Details	Work Details	Preview Profile
Category			
Allied and Healthcare Professions *	Allied and Healthcare Professional Ca	ategory *	
Biotechnologist	Medical Laboratory Life Sciences	*	
Matriculation or equivalent Name of School/ College *	Board/ University *	Year of Passing * -Select-	
Castificada Attachus aut *			
Chonse File No file chosen			
Max Allowed File Size 5 MB. (Allowed Formats : PDF, PN JPEG, JPG)	b,		
Senior Secondary or Equivalent			
Name of School/ College *	Board/ University *	Stream *	
		-Select-	
Year of Passing *	Certificate Attachment *		
-Select-	Choose File No file chosen		
	Max Allowed File Size 5 MB. (Allowed	Formats : PDF, PNG,	

**Step 9:** The user will enter their qualification **Pre-Existing Registration** details. First, they will select whether you have Pre-existing Registration Number 'Yes' or 'No'.

- If they select 'Yes,' they will then choose their registered with state government regulatory body, specify the country/regulatory body whether it is in 'India' or 'Outside'
  - If user selects 'India' they will enter registration number, registration date (if available), selects if their registration is 'Permanent' or 'Renewable', If they select 'renewable', then they will select the due date of renewable.
  - If the user selects 'Outside,' they must specify the country, followed by the details mentioned above.
- User then uploads the Registration Certificate Attachment. If the name on the registration certificate
  is different from their name on Aadhaar, they will have the option to indicate this difference (refer to
  the screen below). If selected 'Yes,' they will need to upload a proof of name change, such as a
  Gazette of India / other legal documents where your name change is reflected.
- The user will then fill in the Basic Professional Qualification Details. If the user selects 'No' for the pre-existing registration number option, they will only need to fill in the basic professional qualification details.

Multiple options for National and International Pre-Existing Registration details For e.g. National (Delhi and Haryana) and same for International

Do You Have Pre-existing Registration Number? *		Setf Declared
Registered with State Government Regulatory Body *	Specify the Country/ Registered Body *	Registration Number *
Select Option	India Outside India	
Registration Date (if available)	Is This Registration Permanent or Renewable? *	
	Permanent     Renewable	Due Date of Renewal
Registration Certificate Attachment *		
Choose File No file chosen Max Allowed File Size 5 MB. (Allowed Formats : PDF, NG, JPEG, JPG)		
s your name in registration certificate, different from your	r name in Aadhaar?	
Pre-existing Registration Details <b>()</b>		
The existing registration betails		Self Declared
Do You Have Pre-existing Registration Number? *		Sei Decidieu
🔾 Yes 🖲 No		
Basic Professional Qualification <b>()</b>		
Degree/ Diploma/ PG Program obtained *	Other Name of Degree / Diploma obtained *	Schedule * 0
Any Other		Select option 👻
From where you have done your graduation?	Country Name *	State (in which college is located) *
Select Option	India	• -Select - •
College *	Liniversity	Month Of Awarding Degree / Diploma
Select-	-Select-	▼ Select Option ▼
Vear Of Awarding Degree / Diploma (for public display) :	Duration of The Program: Year	Duration of The Program: Month
Select Option	Select Option	Select Option
Duration of Internshin (Months)	level of The Program	Name of Hospital / Institute of Interpolio
Select Option	Select Option	
Address of Hospital / Institute of Internship	Year of Admission	Degree/Diploma Passing Date
	Select Option	*
Degree / Diploma Attachment *		
Choose File No file chosen		
Max Allowed File Size 5 MB. (Allowed Formats : PDF, PNG, JPEG, JPG)		
Is your name in degree, different from your name in Aad	haar?	
🔿 Yes 🖲 No		
Internship Attachment		
Choose File No file chosen		
Max Allowed File Size 5 MB. (Allowed Formats : PDF, PNG JPEG, JPG)	í l	

User will click 'Save & Next' button.

#### **Work Details**

**Step 10:** The user then fills in their Current Work Details. They will indicate whether they are currently working by selecting either 'Yes' or 'No'.

• If the user selects 'Yes', they must provide their current work state, district, facility, facility address, pin code, and nature of work, and they will also choose their work status.

		3	4
Personal Details	Qualification Details	Work Details	Preview Profile
			Self Decl
Current Work Details			
Are you currently working?*	Current Work State *	Current Work District *	Current Work Facility *
● Yes ○ No	Delhi	Central ×	✓ Any Other ×
Current Work Facility Name *	Current Work Facility Address *	Current Work Pincode *	Nature of work *
AIIMS	AIIMS Delhi	110051	×Clinical
Choose work status *	Self-Employed		
Choose work status *	Self-Employed		
Choose work status * <ul> <li>Government</li> <li>Private</li> <li>Sovernment</li> </ul>	Self-Employed		
Choose work status * Government Private : Clinical Working Address	Self-Employed		
Choose work status * Government Private : Clinical Working Address Choose Facility Type	Self-Employed		
Choose work status * Government Private : Clinical Working Address Choose Facility Type Choose Facility Type	Self-Employed		
Choose work status *  Government Private  Clinical Working Address Choose Facility Type Facility O Organization	Self-Employed s (Optional)		

They can also declare their clinical work address by selecting either a Facility or an Organization. To declare a facility, they can search for it by Facility Name or Facility ID.

Choose Facility Type			
🖌 Facility 🚯 🗌	Organization		
Please fill in the below of decline. Upon approval, <b>Search My Fac</b>	letails to add a new facility the declaration status will i <b>lity</b>	and declare your association be changed to Approved in the	with them. Upon completion of this form, the facility manager will be notified, and they can approve or e place of work section.
Facility Name	Facility ID	District *	
Facility Name Facility Name Facility Name	Facility ID State * -Select-	District *	search
Facility Name Facility Name Facility Name	Facility ID State *	District *     Select Option	search

To declare an 'Organization,' the user can add it by selecting the state, district, organization name, type, department, designation, address, and pin code, and then clicking on 'Declare Organization button'

Choose Facility Type		
☐ Facility <b>① ☑</b> Organization		
Add Organization		
State *	District *	Name Of Organization Where You Work *
-Select	-Select	•
Organization Type(If Applicable)	Department	Designation *
Address *	PIN Code *	
		ation

• If the user selects 'No', they must select reason for presently not working.

	2	3	4
Personal Details	Qualification Details	Work Details	Preview Profile
Current Work Details			Self Declared
Are you currently working?*	Please select reason for presently not working		
🔾 Yes 🔘 No	Select	*	
	-Select-	<b>A</b>	
Back	Retired		Save & Next
	Voluntary Opt-Out		
	Suspended		
	Looking for Job		
ddress	In Under Inquiry	<b>•</b>	АВНА Арр

#### **Profile Preview**

**Step 11:** In the 'Profile Preview' section, a preview of the previously provided details will appear. They will get an option whether they want their profile to be visible in the public search.

- If they select 'Yes' profile will be visible in the public search.
- If they select 'No' profile will not be visible in the public search.

User will give the declaration and click on 'Submit' button.

Personal Details	Qualification Details	Work Details	Preview Profile
Feisonal Details	Quanification Details	WOR Details	Freview Frome
PERSONAL DETAILS			-
Personal Details			
Name (For Public Display):-		Father's Name :- A	
Mother's Name :- B		Spouse's Name :-	
Are you a citizen of India :- by birth		Nationality :- Indian	
Place Of Birth :- Delhi		Languages Spoken :- English , Hindi	
Address as per KYC:- 0, 0, Et. on. Curry			
Communication Address			
Name :- Kunal		Country :- India	
State/Union Territory :- DELHI		District :- East	
Sub District :-		City/Town/Village :-	
Postal Code(PIN) :-			
Address :- C, C . L. C. C. C	المعامومينيمينين رامينين	1 W	
Address :- C, or La Clauder and Address :- QUALIFICATION DETAILS	,, , ,	1911 - 1929 - 19	+
Address :- QUALIFICATION DETAILS	, ,		+
Address :- QUALIFICATION DETAILS	,		+
Address :- QUALIFICATION DETAILS			+
Address :- QUALIFICATION DETAILS WORK DETAILS uld you like to display your profile publicly?			+
Address :- QUALIFICATION DETAILS WORK DETAILS uld you like to display your profile publicly? * Yes  No			+
Address :- QUALIFICATION DETAILS WORK DETAILS uld you like to display your profile publicly? * Yes  No			+
Address :- QUALIFICATION DETAILS WORK DETAILS uld you like to display your profile publicly? * Yes  No			+
Address :- QUALIFICATION DETAILS WORK DETAILS uld you like to display your profile publicly? * Yes  No claration * I hereby declare that I am voluntarily sha	aring above mentioned particulars and inf	ormation. I certify that the above information furnished by	+ +
Address :- QUALIFICATION DETAILS WORK DETAILS uld you like to display your profile publicly? * Yes  No claration * I hereby declare that I am voluntarily sha best of my knowledge. I understand that i	aring above mentioned particulars and inl in the event of my information being foun	ormation. I certify that the above information furnished by d false or incorrect at any stage.	+ + me is true, complete, and correct to

On successful submission of the application, An acknowledgment pop-up will appear on the screen.



## **Login Process for Healthcare Professionals**

Step 6: To login, user will click on 'For Existing User' option-

HOME	ABOUT ABDM	RESOURCE CENTRE SUPPORT FAQ	ADMIN LOGIN
		Login	
		FOR EXISTING USER FOR NEW USER	
		HPID / Username Mobile	
		Enter Your Allied And Healthcare Professional Username *	
		Allied And Healthcare Professional Username @hpr.abdm	
		Submit Reset	
		Forgot Your Allied And Healthcare Professional Username	

User will get option to login via HPID/Username or Mobile Number.

#### To Login via HPID-

User will enter username; they will get option-

- Login via Aadhaar OTP- An OTP will be sent on Aadhaar linked Mobile Number.
- Login via Mobile OTP- An OTP will be sent on registered Mobile Number
- Login via Password- User will have to enter the password.

HOME	ABOUT NCAHP	USER MANUAL VIDEO	FAQ GRIEVANCE	
			Login	
		Enrolment ID / Usernam	ne Mobile	
		Enter Your Allied And He	ealthcare Professional Username *	
		yogitasharma		@ahpr.abdm
			Login via Aadhaar OTP	
			Login via Password	
			Login via Mobile OTP	

### To Login via Mobile Number-

User will enter the registered mobile number-

HOME	ABOUT ABDM	RESOURCE CENTRE SUPPORT FAQ	ADMIN LOGIN
		Login	
		FOR EXISTING USER FOR NEW USER	
		HPID / Username Mobile	
		Mobile Number*	
		Enter Mobile Number	
		Login	

User will enter the OTP received on registered mobile number and clicks on **Login** button.

FOR	EXISTING USER FOR NEW USER	
Enrolment ID / Username	Mobile	
inter Registered Mobile Nu	.mber*	
8588910890		
nter Mobile OTP*		
Enter Mobile OTP		
	Login OTP will be expired in:- 68 Sec.	
	OTP will be expired in:- 68 Sec.	

Below screen will appear, user will select their profile and click on Login button.

Login		
Enrolment ID /	FOR EXISTING USER	FOR NEW USER
Select	Full Name	NCAHP-ID No.
0	Yogita Sharma	4
Login		
	[1:	3]