



Ayushman Bharat Digital Mission Health Facility Registry (HFR)

National Healthcare Providers Registry

Objectives

- Introduction to HFR- Overview and Benefits of HFR
- HFR Registration Flow
 - HPID Creation and HPID Vs HFR ID
 - Category Selection and HFR Registration UI Flow
- Functionalities in HFR
 - Software (HMIS) linkage
 - Add Healthcare Professional
 - Facility Transfer process
 - Digital Health Facility Certification
- Verifiers/ Verification Process
 - Roles of States in Facility Registration Process
 - HPID Creation, Role Selection
 - Facility Verification Flow

Overview and Benefits of HFR

Overview



It is the single, complete and up-to-date repository of the health facilities in the country.



The HFR is the primary source of information for all other databases.



The HFR lists and facilitates the exchange of standardized data of both public and private health facilities.



HFR uniquely identify each health facility with their name, location, as well as information on the service capacity.

5

Benefits



Trustable Identity in healthcare sector



Ease of doing business



Help Achieve the goal of **Universal Health Coverage**



Discoverability across the health ecosystem



<https://nhpr.abdm.gov.in/home>

Please use the above link to register the facility



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

+A A A- | English



Login/Registration

Admin Login

Home

About ABDM

Resource Center

Support

Know Your Doctor/ Facility

Ayushman Bharat Digital Mission

Healthcare

Professionals Registry

Healthcare Professionals Registry (HPR) is a comprehensive repository of registered and verified different system of medicines (Modern medicine, Dentistry, Ayurveda, Unani, Siddha, Sowa-Rigpa, Homeopathy) and Nurses practitioners delivering healthcare services across India.

[Read more](#)

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

[Read more](#)

❖ Open the website nhpr.abdm.gov.in to access **Health Facility Registry**.

❖ To login or register in HFR, click on “Login/Registration.”

HFR Registration flow



Role Selection: HPID has to be created before the HFRID creation <https://nhpr.abdm.gov.in/home>
Select the role as Facility Manager/Administrator

Facility Details : It includes some mandatory fields and some non mandatory fields.
Mandatory: Facility name, country, State/UT, District, Sub district, Address lane 1, Pin code and Geo location.
Non Mandatory: Facility region, village/city/town, Address lane 2, landline number, mobile number, facility email id,

Uploads and linked program IDs: Facility building photographs, facility board photographs, address proof type and address proof. You may add other program IDs if any such as NHRR ID, CGHS hospital ID and so on.

Detailed facility information: It includes facility ownership and its sub type, system of medicine, facility type and sub type, type of service, specializations and medical infrastructure

Submit and e-sign

HPID Vs HFR ID

HPID	HFR ID
Healthcare Professional id	Health Facility Registry ID
14 Digits number e.g.34323432123432	12 digit alphanumeric e.g. IN1234534343
HPID creation is the first step	HFR id will not be created before the HPID creation
Anyone can create the HPID	Only facility managers can create the Facility id



Login to National Healthcare Providers Registry

Login Via

 Healthcare Professional ID/Username

 Mobile Number

Registered Mobile Number*

+91

3+3=? 

Do not have an account? [Register Here](#)

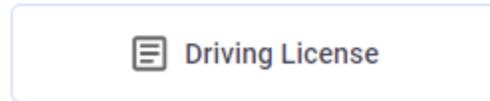
- ❖ If you have already signed up in HFR earlier/ or have a Healthcare Professional ID, you may log in via your mobile number or HPID/Username.
- ❖ If you do not have any health facility registered, and do not have any Healthcare Professional ID, then click on “Register Here” link to generate a Healthcare Professional ID before registration of a health facility.



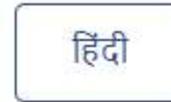
Create your Healthcare Professional ID

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

Generate Healthcare Professional ID via



Enter your Aadhaar Number/Virtual ID*



my Healthcare Professional ID can be used and shared for purposes as may be notified by Ayushman Bharat Digital Mission (ABDM) from time to time including provision of healthcare services. Further I am aware that my personal identifiable

I agree

3-2=?



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

- ❖ Enter your Aadhar number to get an OPT on the mobile number that is linked with your Aadhar card.
- ❖ Tick the check box, enter captcha and then click on submit.
- ❖ Enter the 6 digit OPT and then click on Submit button.



Generate Healthcare Professional ID via



Enter your Aadhaar Number/Virtual ID*

We have sent an OTP to the Aadhaar linked mobile number *****6314

8	3	7	1	6	9
---	---	---	---	---	---

Didn't receive OTP? [Resend OTP](#) 50 seconds remaining



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

❖ Enter the 6- digit OPT and then click on Submit button.



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


Aadhaar Verified ✔

Gender: Male Address: C/O Vikas Singh vijay laxmi house nau khambha road chetna printing press avas vikas colony Nawabganj Nawabganj
 Date of Birth: 19-10-1994

Registration Form (Mobile verification is required)

Mobile Number* <input style="width: 90%; border: 1px solid #ccc;" type="text" value="9455646314"/> Verify	Email* ⓘ <input style="width: 90%; border: 1px solid #ccc;" type="text" value="poojabhat821@gmail.com"/> Verify	Date of Birth * <input style="width: 90%; border: 1px solid #ccc;" type="text" value="19-10-1994"/>
Mobile number linked with Aadhaar will get auto verified, OTP will be sent in case mobile number is different.	Verification Link will be sent to the above Email Address	
District* <input style="width: 90%; border: 1px solid #ccc;" type="text" value="Barabanki"/>	Sub District <input style="width: 90%; border: 1px solid #ccc;" type="text" value="Nawabganj"/>	

- ❖ Fill the basic details and verify your number.
- ❖ To verify the mobile number, enter your number and click on verify. If the number is same as the mobile number in Aadhar, then it shall be automatically verified once you click on "verify".
- ❖ But if the mobile number is not same as the Aadhar mobile number, you need to verify the number by clicking on verify after entering the mobile number. An OTP shall be received on the given number, fill that OTP and proceed.


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

Roles *

 I am a Healthcare Professional ⓘ

 I am a Facility Manager/Administrator ⓘ

 I am a Healthcare Professional & Facility Manager ⓘ

Category *

Healthcare Professional ID/Username*

Suggestions: akashsingh1994, akashsingh, akash.singh

Password*

Confirm Password*

- ❖ Select the role as “I am a facility manager/Administrator if the user is only a facility manager but if the user is a facility manager as well as running his/her own clinic then choose the role as “ I am a Healthcare professional and facility Manager”.
- ❖ Choose category as Facility Manager.
- ❖ Type your HPID/username that you wish to keep and set a password for the same and submit.



The screenshot displays the user interface of the National Health Authority (NHA) system. At the top, there are logos for the National Health Authority and the Ministry of Health and Family Welfare, India. The user's name, Akash Singh, is shown in the top right corner. Below the navigation bar, the user's profile is displayed, including their photo, name, and verified status. The profile information is as follows:

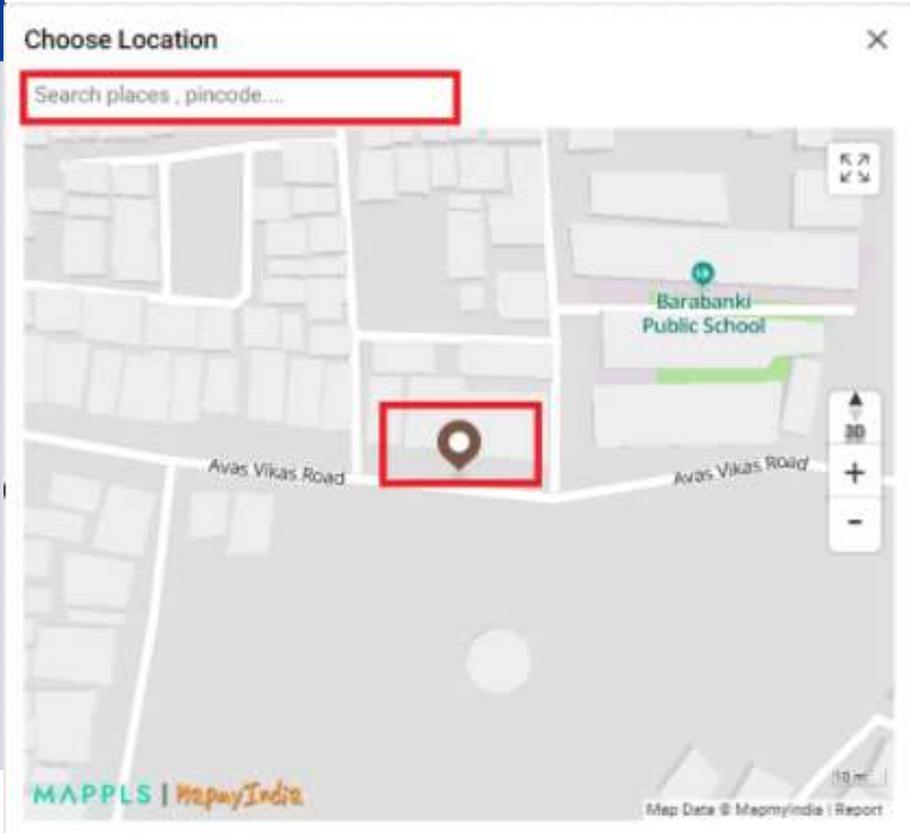
Gender	Male	HPID Number	71-6885-1010-5105	Phone Number	+91 9455646314
Date of Birth	19/10/1994	Role	Facility Manager	Email	poojabhat821@gmail.com

The dashboard contains three main navigation options: "My Dashboard", "Add New Facility", and "Transfer Request". The "Add New Facility" button is highlighted with a red box. There are also icons for PDF and Excel documents on the right side of the dashboard.

- ❖ When facility manager HPID is created, or manager has logged in. User will land on my dashboard screen.
- ❖ User must select Add New Facility to register new facility.



Home	About ABDM	Resource Center	Support	Know Your Doctor/ Facility
<input type="text"/>				
Pincode* <input type="text" value="225001"/>	Locate your Facility* <input type="text" value="26.9202400000001,81.18361"/>	Facility Name* <input type="text" value="vijay lakshmi eye hospital"/>		
Country* <input type="text" value="India"/>	State/Union Territory* <input type="text" value="Uttar Pradesh"/>	District* <input type="text" value="Barabanki"/>		
Sub District* <input type="text" value="Ramnagar"/>	Village/City/Town <input type="text"/>	Address* <input type="text" value="avas vikas colony"/>		
Facility Mobile Number <input type="text" value="+91"/> Verify	Facility Email <input type="text"/> Verify	Facility Landline <input type="text"/>		
Facility Website <input type="text"/>	Link for booking an Appointment ⓘ <input type="text"/>			



- ❖ Fill all the basic details such as pin code, address, district and some of the fields shall be auto populated based on the pin code and location of the facility.
- ❖ Once the Pin code is entered, country, State/Union territory and district shall be auto populated.
- ❖ To locate your facility, click on location icon and a map will open up.
- ❖ Enter the name of the landmark or pin code in the search bar. You can either choose the current location, or enter the name of the location, nearest landmark or select from the results.
- ❖ Click on location icon to save the coordinates.



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)*

Modern Medicine(Allopathy)

Dentistry

Physiotherapy

Ayurveda

Unani

Siddha

Sowa-Rigpa

Homeopathy

Facility Type*

Hospital

Facility Sub Type*

Daycare Center

Facility Operation Status *

Functional

Type of Services (Multiple Selection) *

OPD

IPD

Daycare

Save Draft

Save & Next

- ❖ Select the facility ownership which can be government, private or public private partnership. Then select the ownership subtype, mandatory for government only. If the ownership subtype is "Central" select ownership subtype 2 from the drop-down menu.
- ❖ Select the system of medicine that is provided by the health facility. You may select multiple systems if you are providing different system of medicines.
- ❖ Then select the facility type which could be medical college, hospital, dispensary/clinic, pharmacy, blood bank, laboratory and so on.
- ❖ Then select the type of service as OPD, IPD, daycare in case the facility type is Clinic/dispensary, hospital, medical college. Click on save and next.



Service/Specialisation

General OPD Services *

Modern Medicine(Allopathy)

- Anaesthesia, Aviation medicine, Burns, Plastic & reconstructive Surgery, Cardiology, Cardiothoracic and vascular surgery, Cath Lab, Critical Care, Dermatology and Venerology (Skin & VD) RTI/STI, Dialysis, Emergency Medicine, Endocrinology, ENT, Family Medicine, Gastroenterology, General Medicine, General Surgery, Genetics, Genitourinary Surgery, Geriatrics, Hepatology, Immunology, Interventional cardiology, Medicolegal/ Forensic Medicine, Neonatology, Nephrology, Neurology, Neuroradiology, Neurosurgery

Medical Infrastructure

Number of IPD Beds without Oxygen

01

Number of IPD Beds with Oxygen

03

Number of ICU beds with Ventilators

1

Number of ICU beds without Ventilators

04

Number of HDU beds with ventilators

04

Number of HDU beds without Ventilators

01

Total Number of Beds

14

Total number of Ventilators

5

Fill the type of specialty services provided by the health facility along with bed details.



- The timings can be either typed in 24hr format or selected from the timepicker.
- 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)			
MON	 <input type="checkbox"/> 24 Hrs	From	<input type="text" value="09:00"/>	To	<input type="text" value="20:00"/>	From	<input type="text"/>	To	<input type="text"/>
TUE	 <input type="checkbox"/> 24 Hrs	From	<input type="text" value="09:00"/>	To	<input type="text" value="20:00"/>	From	<input type="text"/>	To	<input type="text"/>
WED	 <input type="checkbox"/> 24 Hrs	From	<input type="text" value="09:00"/>	To	<input type="text" value="20:00"/>	From	<input type="text"/>	To	<input type="text"/>
THU	 <input type="checkbox"/> 24 Hrs	From	<input type="text" value="09:00"/>	To	<input type="text" value="20:00"/>	From	<input type="text"/>	To	<input type="text"/>
FRI	 <input type="checkbox"/> 24 Hrs	From	<input type="text" value="09:00"/>	To	<input type="text" value="20:00"/>	From	<input type="text"/>	To	<input type="text"/>
SAT	 <input type="checkbox"/> 24 Hrs	From	<input type="text" value="09:00"/>	To	<input type="text" value="20:00"/>	From	<input type="text"/>	To	<input type="text"/>
SUN	 <input type="checkbox"/> 24 Hrs	From	<input type="text"/>	To	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>

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



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

Electricity Bill



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

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

Hospital Management Information System

Back

Save Draft

Save & Next

- ❖ Upload a clear picture of Facility Building Photograph and Facility Board Photograph.
- ❖ The building photograph that is being uploaded here shall be visible on the digital certificate.
- ❖ Select the type of address proof and Upload a document of the same. Also, Update the Linked ID fields if you are registered in any database.
- ❖ Select no, if you are not linked to any program and click on save and next.



Akash Singh

Home

About ABDM

Resource Center

Support



Know Your Doctor/ Facility



Facility Registration Form

Detailed Facility Information

Preview Profile

The below information is for public display



vijay lakshmi eye hospital

Facility Manager Akash Singh

Facility Mobile Number +91 9455646314

Facility Email -

Facility Address avas vikas colony

System of Medicine Modern Medicine(Allopathy)

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 to register in NHFR? *

Yes No

About

We pride ourselves on being more than just a medical facility; we are a beacon of hope, healing, and excellence in healthcare. Established with a vision to redefine patient care and set new standards of medical excellence, our hospital stands as a testament to unwavering commitment and compassion.

- ❖ All the information shall be displayed like this and if you wish to preview the details that you have filled, click on “click here” in blue color to check for any inaccurate information.
- ❖ You can also keep the settings for public display as per your convenience. For this, click on “click here” in red color.



Public Display Information



Mandatory Fields

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> Facility Name | <input checked="" type="checkbox"/> System of Medicine
(Multiple Selection) | <input checked="" type="checkbox"/> Facility Type | <input checked="" type="checkbox"/> Facility Ownership |
| <input checked="" type="checkbox"/> State | <input checked="" type="checkbox"/> Timing | <input checked="" type="checkbox"/> Address | <input checked="" type="checkbox"/> Facility Operation
Status |

I agree to show my details to public

Optional Fields

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Facility Mobile
Number | <input checked="" type="checkbox"/> Facility Email | <input checked="" type="checkbox"/> Facility Landline | <input checked="" type="checkbox"/> Facility Website |
| <input checked="" type="checkbox"/> Facility Photo | <input checked="" type="checkbox"/> Total Number of
Beds | <input checked="" type="checkbox"/> Total number of
Ventilators | |

About

We pride ourselves on being more than just a medical facility; we are a beacon of hope, healing, and excellence in healthcare. Established with a vision to redefine patient care and set new standards of medical excellence, our hospital stands as a testament to unwavering commitment and compassion.

298/500 characters

I don't want to show my details to public

Submit

- ❖ There are some mandatory fields which will be visible on the public search page.
- ❖ You can only edit the optional fields and select the fields that you want to display on the public search page and proceed by clicking on submit button.



Akash Singh ▾

Home

About ABDM

Resource Center

Support



Know Your Doctor/ Facility 🔍

Facility Operation Status Functional

Facility Website –

Total number of beds 14

Total number of ventilators 5

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

❖ Tick the check box after reading, ²³comprehending, and agreeing to it, then click the E-sign & submit button. .



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

We are processing your request.

Please wait.....

CDAC's e-Sign Service

View Document Information

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

Aadhaar TOTP Aadhaar OTP [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 esigning.

[▶ Listen to Consent](#) English ▾

[Submit](#) [Cancel](#) [Not Received OTP? Resend OTP](#)

❖ Enter the Aadhar number and OTP and submit.



vijay lakshmi eye hospital 

IN0910031753 **Submitted**

Ownership Private
Address avas vikas colony Barabanki Uttar Pradesh
225001

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

[Register for DHIS](#)

- ❖ After successful submission of the form, you will see “submitted” as the status of your application along with the name of your facility, ownership and address on the screen.



Steps for Linkage of Software



vijay lakshmi eye hospital 

IN0910031753 **Submitted**

Ownership Private

Address avas vikas colony Barabanki Uttar Pradesh
225001

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

[Register for DHIS](#)

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

**Akash Singh**

Aadhaar Verified

Gender Male

Date of Birth 19/10/1994

akashsingh1994@hpr.a
bdm

File No. TECH/75/2024-CCRUM-HQ (Computer No. 1416)

HPID Number 71-6885-1010-5105

Role Facility Manager

Phone Number +91 9455646314

Email poojabhat821@gmail.com **Verify** [Back to Dashboard](#)**Register HIP for vijay lakshmi eye hospital**

Facility ID

IN0910031774

Facility Name

vijay lakshmi eye hospital

HPR Bridge ID*

SBX_001751

Get Details

Select	Bridge ID	Name	URL	HIP Name *
<input checked="" type="checkbox"/>	SBX_001751	kulcare India Private Limited	https://api-stg.kulcare.com/abdm	vijay lakshmi eye hospital

- I, 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**Registered HIP Details**

- ❖ Enter the Bridge ID provided to your health facility by the HMIS provider
- ❖ Click on “Get Details” In the box to get the details displayed on screen and then verify them.
- ❖ After verifying the details displayed, the HIP name shall be pre-populated for the first time, but it becomes mandatory to fill the HIP name if done for the second time. The bridge name should be the facility name followed by the name that you want to keep
- ❖ Tick the check boxes and click on **Register HIP**.



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+A A A- | English

national health authority

Akash Singh

Home About ABDM Resource Center Support Know Your Doctor/ Facility

Get Details

Select	Bridge ID	Name	HIP Name *
<input checked="" type="checkbox"/>	SBX_001751	kulcare Ind	vijay lakshmi eye hospital

I, hereby acknowledge that I have read Information Users and Health Lockers 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

Registered HIP Details

No Existing Data

Confirmation Required

Do you want to link the facility with the software?

No Yes

- ❖ After clicking on register HIP, a pop-up message will appear on the screen showing “Do you want to link the facility with the software”.
- ❖ Click on “Yes” to proceed.



Step 1

3476(1)/2024/O/o DG

[Back to Dashboard](#)

Register HIP for vijay lakshmi eye hospital

Facility ID

IN0910031774

Facility Name

vijay lakshmi eye hospital

HPR Bridge ID*

SBX_001751

[Get Details](#)

Registered HIP Details

Bridge ID	Name	URL	HIP ID	HIP Name	Type	QR
SBX_001751	kulcare India Private Limited	https://api-stg.kulcare.com/abdm	IN0910031774	vijay lakshmi eye hospital	HIP	Manage QR

Step 2

Generate QR

HIP ID*

IN0910031774

Counter*

1

Select Category*

IPD

[Generate QR](#)

No Record Found

Step 3

Confirmation Required

Are you sure you want to generate QR?

[Cancel](#)

[OK](#)

- ❖ To generate the QR code , Click on manage QR, a dialogue box will open.
- ❖ Add the counter number/name in the space provided, select category and click on “generate QR”.
- ❖ A confirmatory message will appear on the screen, click “OK” to confirm that you want to generate the QR code.



Generate QR



HIP ID*

IN0910031774

Counter*

2

Select Category*

Pharmac X ▾

Generate QR

HIP ID	Counter	Category	QR Code	Actions
IN0910031774	1	IPD	 	

- ❖ The QR code will display in the QR code column and a pop-up notification confirming the successful creation of the QR code will appear on the screen.
- ❖ You may add multiple counters and generate their QR as well.



Multi HRP Construct

Home
About ABDM
Resource Center
Support
🔔
Know Your Doctor/ Facility 🔍

Facility ID

Facility Name

HPR Bridge ID*

Select	Bridge ID	Name	URL	HIP Name * ⓘ
<input checked="" type="checkbox"/>	SBX_000173	Karkinos Helathcare Private Limited	https://1e5b-49-249-133-102.ngrok-free.app/abdm	<input style="width: 100%; border: 1px solid #ccc;" type="text" value="vijay lakshmi eye hospital"/> <input style="width: 100%; border: 1px solid #ccc;" type="text" value="abc"/>

I, 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.

- ❖ A facility having multiple software, can link all the software by adding the bridge ID and click on get details.
- ❖ Fill the HIP name in the space provided. It should be the facility name followed by the name that you wish to keep.
- ❖ The facility name shall be reflected so you just need to put the HIP name.
- ❖ Tick the check box and click on register HIP.



Home
About ABDM
Resource Center
Support

Know Your Doctor/ Facility

Facility ID

Facility Name

HPR Bridge ID*

Get Details

Registered HIP Details

Bridge ID	Name	URL	HIP ID	HIP Name	Type	QR
SBX_001751	kulcare India Private Limited	https://api-stg.kulcare.com/abdm	IN0910031774	vijay lakshmi eye hospital	HIP	Manage
SBX_000173	Karkinos Helathcare Private Limited	https://1e5b-49-249-133-102.ngrok-free.app/abdm	IN0910031774_1	vijay lakshmi eye hospital _abc	HIP	QR Manage QR

<

1

>

❖ Now you can see that two software have been linked.

Digital Health Facility Certificate



- For Approved Facility only
- Scannable QR code on the certificate– Take the user to the HFR public search page to ensure the authenticity of the facility as verified facility

Thank you