

Allied & Health Care Professionals Online Enrollment Guide

1. To enrol online, an applicant must visit following URL

<http://a2hp.mohfw.gov.in>

2. Click ‘**A&HP Database Enrollment**’ on the top of the home page to go to Enrollment page



3. As a first time user, applicant should click “**New Enroll/ Sign Up**” button to create his/ her user account with minimum mandatory information

4. In ‘**A&HP Database Enrolment**’ page, all mandatory fields are indicated by a **red asterisk (*)** adjacent to the name of the field.

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Important Notice: Collection of information through the portal is only for creating a National level HRH Database.

A&HP Database Enrolment [See Instructions](#)

Personal Data

First Name: *	Middle Name:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's First Name: *	Father's Middle Name:	Father's Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
DOB: * DD-MM-YYYY	Gender: * --Select Gender--	Mobile Number: * e.g. 10 digit mobile no.
<input type="text"/>	<input type="text"/>	<input type="text"/>

- Applicants **who do not have a valid email-id must create an email-id** before proceeding further. The applicant must also ensure that the email-id and password is kept handy for all the future correspondence/ reference.
- Before entering data, applicant must see the instructions for entering data by clicking on '**See Instructions**' link at the top- right corner of the page.

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A&HP Database Enrolment [See Instructions](#)

Personal Data

First Name: *	Middle Name:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's First Name: *	Father's Middle Name:	Father's Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
DOB: * DD-MM-YYYY	Gender: * --Select Gender--	Mobile Number: * e.g. 10 digit mobile no.
<input type="text"/>	<input type="text"/>	<input type="text"/>



- Name as mentioned in Higher Secondary Certificate may be entered. For example, if the name is *Mahesh Kumar Singh*, enter 'Mahesh' as First Name, 'Kumar' as middle name and 'Singh' as last name. If there is no middle name, text box may be left blank.

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Enter

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A&HP Database Enrolment

[See Instructions](#)

Name

Personal Data

First Name: *	Middle Name:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's First Name: *	Father's Middle Name:	Father's Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
DOB: * DD-MM-YYYY	Gender: * --Select Gender--	Mobile Number: * e.g. 10 digit mobile no.
<input type="text"/>	<input type="text"/>	<input type="text"/>

- After entering all fields 'disclaimer checkbox' button should be checked. After the candidate clicks on 'Submit' button, if there is any input error, it will be displayed at the top of the page in Red colour.

Professional Data	
Currently working?*	
<input type="radio"/> Yes	<input type="radio"/> No
*Currently working? is required.	
Enter Captcha Code:	*Captcha Code is required
<input type="text" value="SQX1ZA"/>	
<input type="button" value="Refresh"/>	
<input checked="" type="checkbox"/> I hereby declare that the above information furnished by me is correct. I understand that the information submitted herewith is only for creating a database of Allied and Healthcare Professionals and does not entail any claims to registration with the Central Government.	

Disclaimer

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A&HP Database Enrolment

[See Instructions](#)

- *First Name is required
- *Father's First Name is required
- *DOB is required
- *Gender is required
- *Mobile Number is required
- *Active Email ID is required
- *ID Type is required
- *Postal Code is required
- *Country is required
- *Higher Secondary percentage is required
- *Senior Secondary Percentage is required
- *Qualification type is required.
- *Health Care Professional Category is required.
- *Currently working? is required.
- *Captcha Code is required

Personal Data

Error message in case of Information missing

9. Once the submission is successful, confirmation message will be displayed as below and an auto generated verification email will be sent on applicant's email address with a **verification link, user-ID and password.**

AHP Enrollment Confirmation

Congratulation!!!

You have successfully enrolled with us.

Please check your mail and click on verify link.

Close

Name: *

Gender: *
--Select Gender--

Voter Id(Epic Number):
*Enter Voter ID

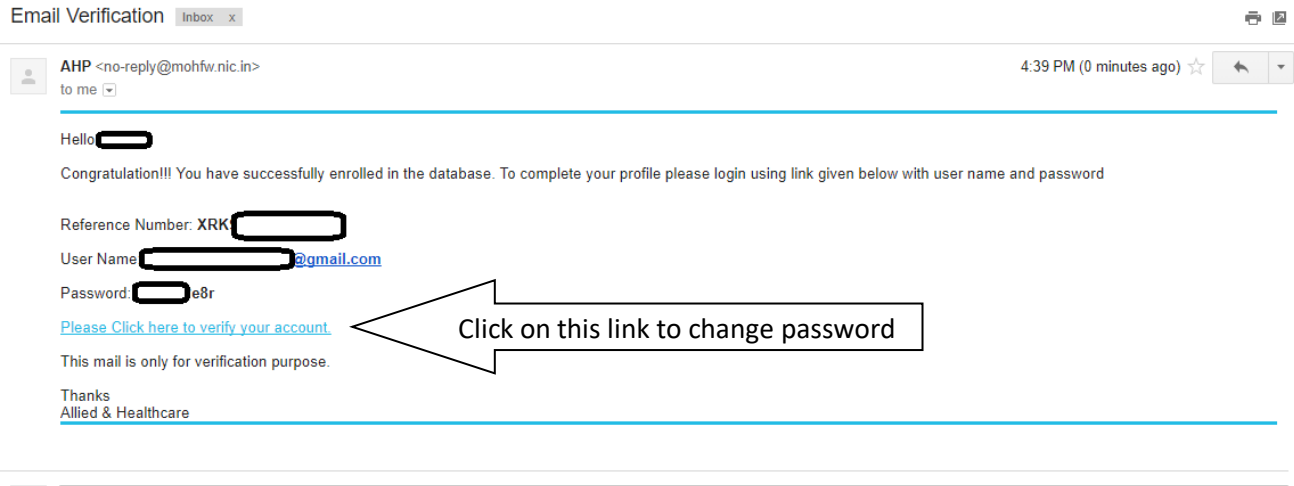
Last Name:

Father's Last Name:

Mobile Number: *
e.g. 10 digit mobile no.

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10. The verification email sent to the submitted email address would look like the below:



11. On clicking the ‘**verification link**’, applicant will be led to the website and will be able to change his/ her password. The ‘**user name**’ is by default set to be same as the applicant’s email address.



स्वास्थ्य एवं परिवार कल्याण मंत्रालय
MINISTRY OF HEALTH AND FAMILY WELFARE
Allied and Healthcare Professionals Database


CHANGE
PASSWORD | LOGOUT

The screenshot shows a web form titled 'Change Password'. It contains three input fields: 'Old Password*', 'New Password*', and 'Confirm Password*'. A 'Change Password' button is located at the bottom of the form. A callout box with an arrow points to the 'Old Password*' field, containing the text 'Change password'.

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12. After setting his/ her desired password, the applicant will be redirected to Login Page. After logged in successfully user will see ‘**Modify Profile**’ page of the website as below.

[CHANGE PASSWORD](#) | [LOGOUT](#)

 **स्वास्थ्य एवं परिवार कल्याण मंत्रालय**
Ministry of Health and Family Welfare
Allied and Healthcare Professionals Database

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1	Modify Profile	Preview
Personal Data	Educational Data	Professional Data


*For any changes click on 'Edit' and then 'Save' button .

Personal Data			Edit
First Name: * RAVI	Middle Name:	Last Name: RANJAN	
Father's First Name: * M	Father's Middle Name: K	Father's Last Name: SINHA	

2

13. In ‘**Modify Profile**’ page, the applicant should enter **complete information** in all three sections- **Personal Data, Educational Data and Professional Data**.

14. Applicant must upload his/her photo in ‘**Personal Data Section** [photo size must not exceed 25KB and photo format must be in .jpg or .png].

Browse Your Photo: * <input type="button" value="Choose File"/> No file chosen <small>*Note: Photo Size Must not exceed 25KB and Photo Format Must be in jpg or png. *Photo width and Height must not exceed 200 pixels. *Document size is verified successfully. *Image Dimension is verified successfully.</small>	4 Upload <small>*Instruction to Upload Image. Click here. *Note: You can convert your image into smaller size using microsoft Paint Tool. OR Click here to compress your image.</small>	6 Preview of Photo: 
7 *For any changes click on 'Edit' and then 'Save' button .		
Save		

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15. Applicant must upload certificate of Highest qualification in ‘Professional Education Data’ Section- [document size must not exceed 500KB and document format should be in pdf]

The screenshot shows a web form for entering educational details. It is divided into three main columns. The first column contains fields for '1. Highest Qualification:*', 'Exact Name of Course Certification:', 'Institute Name:', 'Year of Passing:', 'Duration of Course:', and 'Mode of Course:'. The second column is titled 'Institute Location :' and includes fields for 'Country:', 'State:', 'District:', 'Sub District:', 'City/Town/Village:', 'Area/Locality/Sector:', and 'Postal Code:'. The third column is for 'Upload certificate: *' and includes a 'Choose File' button, a 'No file chosen' message, a note about document size and format, an 'Upload' button, and a 'View Uploaded Document' link. Below the form is a red 'Save' button and a red '- Add Qualifications -' button. A red banner at the bottom contains the text '*For any changes click on 'Edit' and then 'Save' button .'.

1. Highest Qualification:*
Diploma Course(s) ▼
Exact Name of Course Certification:
course1
Institute Name:
School of Physiotherapy, N.I.T.A.R., P.O.: OLA ▼
Year of Passing:
2012 ▼
Duration of Course:
2.5 Years ▼
Mode of Course:
Regular ▼

Institute Location :
Country:
India ▼
State:
ASSAM ▼
District:
BONGAIGAON ▼
Sub District:
Bongaigaon (Pt) ▼
City/Town/Village:
v1
Area/Locality/Sector:
a1
Postal Code:
777777

Upload certificate: *
Choose File | No file chosen
*Note: Document Size Must not exceed 500KB and Document Format Must be in pdf only.
*Instruction to upload Document. Click here.
Upload
*Document size is verified successfully.
View Uploaded Document

-- Add Qualifications --

*For any changes click on 'Edit' and then 'Save' button .

Save

16. After saving the updates, the applicant may recheck entries to complete profile by clicking on ‘Preview’ button at the top right corner. (If any changes required then user can edit & update his/her data by clicking on ‘Edit Profile’ button.

17. User can **save/print** their profile details by clicking on ‘Print’ button or by pressing (Control+P).