

# National Program for Control of Blindness & Visual Impairment

## Operation Manual

User Type: Govt./Pvt./Others

### Pre requisites:

- Equipment details of your hospital are to be filled.
- Documents Check list: Scanned copies of following documents needs to be uploaded.

- ✓ **MS Ophthalmology Degree.**
- ✓ **Two years Experience post PG.**
- ✓ **MOU (Memorandum of understanding)**

Enter the URL <http://npcbvi.gov.in> in the browser. Click on Login button at the top-right corner.

### Step1.

Click on the ‘Registration’ link in the menu bar and select “Govt./Private/Other” from drop down menu.

NOTE: Registration for all user(s) “Govt./Private/Other” is must at <http://npcbvi.gov.in>.

The screenshot displays the official website of the National Programme for Control of Blindness & Visual Impairment (NPCBVI). The header includes the Government of India logo and the NPCBVI title. The main navigation bar features links for Home, Dashboard, Gallery, Documents, Contact Us, User Manual, and Registration. A callout box with an arrow points to the 'Registration' link, labeled 'Click here'. Below the navigation bar, the 'About NPCBVI' section provides background information on the program's launch in 1976 and its goals. The 'Goals & Objectives of NPCBVI in the XII Plan' section lists the aim to reduce the backlog of blindness. On the right side, a sidebar contains a 'Today's (Patients) Registered' section and a 'Guidelines' section. A dropdown menu is open under 'Registration', showing options: NGO, Govt./private/Other (highlighted with an arrow), SPO, and DPM.

**Step2.**

- If you are Existing user (npcb.nic.in) then select **“Registered user”**.

The screenshot shows the 'Registration of Govt./Private /Other Hospital' form. At the top, there is a navigation bar with 'Home' and 'Registration'. Below this, the form title is 'Registration of Govt./Private /Other Hospital'. The 'User Type \*' section has two radio buttons: 'New User' and 'Registered User'. The 'Registered User' option is selected. Below this, there is a text input field labeled 'Registered User Id \*' with the placeholder text 'Registered User Id'. To the right of the input field is a 'Verify' button. Two callout boxes are present: one on the left says 'Enter Existing login id' with an arrow pointing to the input field, and one on the right says 'You need old login id (npcb.nic.in)' with an arrow pointing to the 'Registered User' radio button.

- Enter Existing user id (npcb.nic.in) and click on verify.
- Verification existing user id is necessary for previous data.
- If you are new user then select **“New User”**.

The screenshot shows the 'Registration of Govt./Private /Other Hospital' form. At the top, there is a navigation bar with 'Home' and 'Registration'. Below this, the form title is 'Registration of Govt./Private /Other Hospital'. The 'User Type \*' section has two radio buttons: 'New User' and 'Registered User'. The 'New User' option is selected. A callout box at the bottom left says 'For new user' with an arrow pointing to the 'New User' radio button.

- Further process Existing or New user same.
- NIN Number is not must for Private Practioner, Private medical college and other.
- For Government District Hospital/ Government Medical College, CHC/Govt. Sub-Dist hospital is not must if they don't have.

**Step3.**

Registration of Govt./Private /Other Hospital

**User Type \***    ☒ New User    ☐ Registered User

**Organisation Type \***    Private Practitioner

**Hospital NIN no.**     Verify

**Mobile No. \***   

**State \***    TEST

**Address \***   

**Officer Name \***   

**Captcha**    M879X7

**Organisation Name \***   

**Health Facility Name \***    N/A

**Email ID \***   

**District \***    TEST1

**Pin Code \***   

**Captcha Code \***

Equipment Detail

S.No.	Equipment Name	Quantity
1	Applanation Tonometer	<input type="text" value="1"/>
2	Consumable for PhacoSx(Phacotips,sleeves cassettes & SICS Sx (blades))	<input type="text" value="1"/>
3	Operating Microscope	<input type="text" value="1"/>
4	Streak Retinoscope	<input type="text" value="11"/>
5	Surgical sets	<input type="text" value="11"/>
6	Sutures 4-0,8-0,10-0(prolene,Silk,nylon,vicryl)	<input style="border: 2px solid #00aaff;" type="text" value="1"/>
7	Viscoelastics	<input type="text" value="11"/>
8	Vision Chart	<input type="text" value="1"/>

Save
Add Doctors

If you want data save as draft and wants to complete application later then Click here

For add doctors and complete application click here

## National Programme for Control of Blindness & Visual Impairment (NPCBVI)

**Step4.** You can add multiple Doctors here and also you can add Doctors after approval.

The screenshot shows the 'Doctor Registration' form within the NPCBVI portal. The form is titled 'Doctor Registration' and contains the following fields:

- Darpan ID \*
- MCI Reg. No. \*
- Date of Birth \*
- Mobile No. \*
- State \*
- Pin Code \*
- Hospital \*
- Name \*
- Gender \* (Male, Female, Transgender)
- Email ID \*
- District \*
- MCI Certificate (Choose File, No file chosen)

Below the form, there are two buttons: 'Save' and 'Previous'. Arrows point from these buttons to two callout boxes:

- An arrow from the 'Save' button points to a box that says: **For Add doctor information Click here**
- An arrow from the 'Previous' button points to a box that says: **For view and edit previous page information**

- After Save Doctor Information, Doctor(s) data show in Grid and also **"Delete"** and **"Edit"**. Click on **"Add another Doctor"** button to add more doctors in the same hospital.
- Click on **"Next"** button for upload MOU and Complete application.

## National Programme for Control of Blindness & Visual Impairment (NPCBVI)

Doctor Registration

Organisation \*

MCI Reg. No. \*

Date of Birth \*

Mobile No. \*

State \*

Pin Code \*

Name \*

Gender \*

Email ID \*

District \*

MCI Certificate

Save

Back

S.No	MCI ID	Hospital Id	Doctor Name	Mobile No.	Email ID	Select
1	bj567		test test	4545454545	test@gmail.com	<a href="#">Edit</a>    <a href="#">Delete</a>
2	test46546		test te	3434343434	test@gmail.com	<a href="#">Edit</a>    <a href="#">Delete</a>

Add Doctor

Next

If you want add more then on doctor(s)




For upload MOU and complete application click on "Next"

### Step 5: Upload MOU and MOU start date and end date

- Make sure MOU **start date** and **end date** difference should be exactly one year.
- MOU Type allows only **pdf** and **jpg**.
- Click on **"Previous"** button for **"Go back"**.
- Click on **"Add another Hospital"** button for register multiple hospital in same district and same **District NGO** or go for add services.

## National Programme for Control of Blindness & Visual Impairment (NPCBVI)

Document Checklist (only pdf, jpg allowed. Maximum file size allowed 100kb.)

1)M.S.(Ophthalmology) degree*	2)Year of experience post P.G*	3)Memorandum of understanding*
		
<a href="#">Edit Download</a>	<a href="#">Edit Download</a>	<a href="#">Edit Download</a>
MOU Validity	From Date*	To Date *
	01/04/2019	31/03/2020
	<a href="#">Next</a>	<a href="#">Back</a>

**For next step and Add service  
and Final submit application**

**Step 6:** After Click **“Next”** Choose all or Selected Disease.

Select services provided by Hospital

S.No.	Component	<input checked="" type="checkbox"/> Select All
1	Cataract	<input checked="" type="checkbox"/>
2	Glaucoma	<input checked="" type="checkbox"/>
3	Squint	<input checked="" type="checkbox"/>
4	Congenital Ptosis	<input checked="" type="checkbox"/>
5	Diabetic Retinopathy	<input checked="" type="checkbox"/>
6	Corneal Blindness	<input checked="" type="checkbox"/>
7	Retinopathy of Prematurity	<input checked="" type="checkbox"/>
8	Retinoblastoma	<input checked="" type="checkbox"/>
9	Intraocular Trauma in Children	<input checked="" type="checkbox"/>
10	VR Surgery	<input checked="" type="checkbox"/>

[Previous](#) [Save](#)

**Click here**

- After click on **“Save”** button and **“Final Submit”** button visible (**Note:** Before final submit application is in save as draft mode).

## National Programme for Control of Blindness & Visual Impairment (NPCBVI)

Select services provided by Hospital

S.No.	Component	<input checked="" type="checkbox"/> Select All
1	Cataract	<input checked="" type="checkbox"/>
2	Glaucoma	<input checked="" type="checkbox"/>
3	Squint	<input checked="" type="checkbox"/>
4	Congenital Ptosis	<input checked="" type="checkbox"/>
5	Diabetic Retinopathy	<input checked="" type="checkbox"/>
6	Corneal Blindness	<input checked="" type="checkbox"/>
7	Retinopathy of Prematurity	<input checked="" type="checkbox"/>
8	Retinoblastoma	<input checked="" type="checkbox"/>
9	Intraocular Trauma in Children	<input checked="" type="checkbox"/>
10	VR Surgery	<input checked="" type="checkbox"/>

[Previous](#) [Save](#) [Final Submit](#)

Click here for final submit pop up

- For final submit your application Click on **“Final Submit”** button.
- In case of **New user** the application is submitted to District Program Manager for approval.
- In case of **Existing user** (registered with npc.b.nic.in) the application is approved by default.

**Step 6:** Click on **“Final Submit”** button a pop up is show.

Home Registration

Message

No changes can be made after submission of the application! Would you like to continue!

[Yes](#) [No](#)

For Final Submit

For save as draft application

S.No.	Component	<input checked="" type="checkbox"/> Select All
1	Cataract	<input checked="" type="checkbox"/>
2	Glaucoma	<input checked="" type="checkbox"/>
3	Squint	<input checked="" type="checkbox"/>
4	Congenital Ptosis	<input checked="" type="checkbox"/>
5	Diabetic Retinopathy	<input checked="" type="checkbox"/>
6	Corneal Blindness	<input checked="" type="checkbox"/>
7	Retinopathy of Prematurity	<input checked="" type="checkbox"/>
8	Retinoblastoma	<input checked="" type="checkbox"/>
9	Intraocular Trauma in Children	<input checked="" type="checkbox"/>
10	VR Surgery	<input checked="" type="checkbox"/>

[Previous](#) [Save](#) [Final Submit](#)

- Confirm submission of the application and check your mail.
- **For New user**
  - Contact with DPM (District Program Manager) for approves your application.
  - DPM can view User Application, only after final submit of Application.
  - After DPM approval Hospital /Doctor receive mails for password create.
- **For Old user** they direct receive mails for password create.



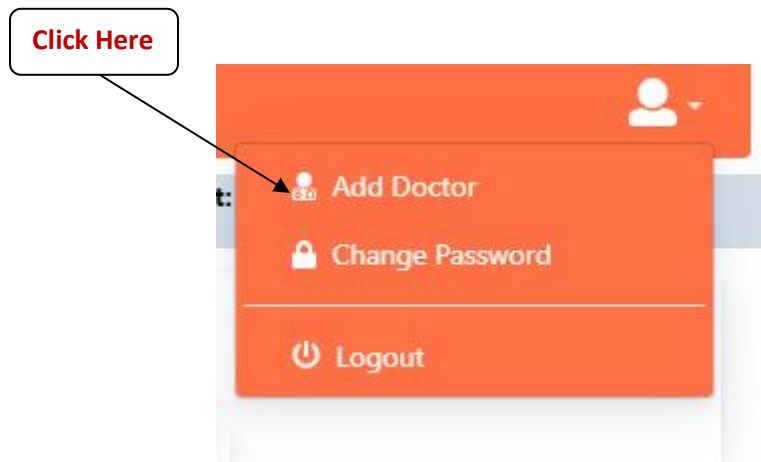
# Govt./Private/Other Login

**If you want add New or Block any Doctor(s) after approved application**

**Module Name – Manage Users**

**a. Link Name – Add Doctor**

**Step 1:** Click on “Add Doctor” button.



**Step 2:** Click on “Add New Doctor” button.

 A screenshot of a web application showing a table titled 'Doctor's Detail'. The table has columns for S.No, MCI ID, Hospital Id, Doctor Name, Mobile No., Email ID, Status, and Action. There are four rows of data. Above the table, there is a header bar with the title 'Doctor's Detail' and a button 'Add New Doctor' on the right. A callout box with the text 'Click Here' and an arrow points to the 'Add New Doctor' button.
 

S.No	MCI ID	Hospital Id	Doctor Name	Mobile No.	Email ID	Status	Action
1	vbrv	[REDACTED]	Test two	1545646464	[REDACTED]	Approved	<a href="#">Edit</a>    <a href="#">Delete</a>
2	dlmci2	[REDACTED]	Test two	1545646464	[REDACTED]	Approved	<a href="#">Edit</a>    <a href="#">Delete</a>
3	dl-mci2	[REDACTED]	Test two	1545646464	[REDACTED]	Pending for approval with DPM	<a href="#">Edit</a>    <a href="#">Delete</a>
4	testmci1	[REDACTED]	Reshma	[REDACTED]	[REDACTED]	Approved	<a href="#">Edit</a>    <a href="#">Delete</a>

- For Edit / Update doctors(s) information Click on **“Edit”** button.
- For Delete or Block Doctor(s) Click on **“Delete”** button.

**Step 3:** Click on **“Save”** button for add new doctor.

The screenshot shows a web form titled "Doctor Registration". The form contains the following fields and controls:

- Darpan ID \***: A text input field with a blue placeholder.
- Hospital \***: A text input field with a blue placeholder.
- MCI Reg. No. \***: A text input field with the placeholder "MCI Number".
- Name \***: A text input field with the placeholder "Doctor Name".
- Date of Birth \***: A text input field with the placeholder "DD/MM/YYYY".
- Gender \***: A group of three radio buttons labeled "Male", "Female", and "Transgender".
- Mobile No. \***: A text input field with the placeholder "Mobile Number".
- Email ID \***: A text input field with the placeholder "Email Id".
- State \***: A dropdown menu with the selected value "TEST".
- District \***: A dropdown menu with the selected value "TEST1".
- Pin Code \***: A text input field with the placeholder "Pincode".
- MCI Certificate**: A file upload control with a "Choose File" button and the text "No file chosen".
- Save**: An orange button located at the bottom center of the form.


An arrow points from a callout box containing the text "Click here" to the "Save" button.

## 1. Module Name – Register Patient


### a. **Link Name** – Register Patient


## National Programme for Control of Blindness & Visual Impairment (NPCBVI)

**Step1.** After login Dashboard appear and Choose 'Register Patient' from menu item.



**National Programme for Control of Blindness & Visual Impairment(NPCBVI)**  
Directorate General of Health Services  
Ministry of Health & Family Welfare, Government of India



[Dashboard](#) [Register Patient](#) [Low Vision Register](#) [Send To DPM](#) [Report](#)
Welcome (test) 

Login Type : Private Practitioner    Login Id : [Redacted]    State: TEST    District: TEST1

Year

2019-2020


TEST

TEST1


Get Data


Total number of patients (PP test fourteen nov)

Disease Type	Registered	Operated
Cataract	1	1
Glaucoma	1	1
Corneal Blindness	1	1
Squint	1	1
Congenital Ptosis	0	0
Diabetic	1	1
Retinopathy	0	0
Retinoblastoma	0	0
Trauma in Chindren	0	0



**National Programme for Control of Blindness & Visual Impairment(NPCBVI)**  
Directorate General of Health Services  
Ministry of Health & Family Welfare, Government of India



[Dashboard](#) [Register Patient](#) [Low Vision Register](#) [Send To DPM](#) [Report](#)
Welcome (test) 

Login Type : Private Practitioner    Login Id : [Redacted]    State: TEST    District: TEST1

☐ Search

Patients List [Register Patient](#)

S.No.	Patient Id	Patient's Name	Mobile No	Address	Age/Gender	Registration Date	Registered for	Update / Delete	Patient Visit
1	3/2019-[Redacted]	gfsh	4446578654	gnfhgkhf, ,	Female	25-11-2019	Cataract.Congenital Ptosis,Corneal Blindness.Diabetic Retinopathy.Glaucoma ,Intraocular Trauma in Chindren	<a href="#">Edit</a> <a href="#">Delete</a>	<a href="#">Add disease</a>
2	2/2019-[Redacted]	gggggggggggggggggg	9971436869	g, ,	Male	14-11-2019	Diabetic Retinopathy,Retinoblastoma,VR Surgery	<a href="#">Edit</a> <a href="#">Delete</a>	<a href="#">Add disease</a>
3	1/2019-[Redacted]	testh	9971436869	test address, ,	Male	14-11-2019	Cataract.Congenital Ptosis,Corneal Blindness.Diabetic Retinopathy.Glaucoma ,Intraocular Trauma in Chindren ,Retinoblastoma,Retinopathy of Prematurity,Squint,VR Surgery	<a href="#">Edit</a> <a href="#">Delete</a>	<a href="#">Add disease</a>

**Register patient screen (few points to be considered while registering a new patient):**

**ID is needed to be selected among these various options only**

Note: Aadhaar card is not available in options right now, please choose any other type or choose 'Not Applicable' in Id type option.

- *Voter Id*
- *Driving License*
- *Passport*
- *Ration Card*
- *PAN Number*

**Select the hospital where patient is supposed to be treated, If only one hospital is registered in a district. Only one option is available here.**

**Patient's Image** – It should be clear and maximum size allowed is 200 Kb. Also click on 'upload' button. Preview of image will appear once uploaded. Also make sure only 'png' and 'jpg' format are allowed.

**Dependency Type** – By default is self (selected).also there is a option to add Dependant information. Dependant includes

- *Mother*
- *Father*
- *Brother*
- *Sister*
- *Daughter*
- *Spouse*

**Date of Birth is Mandatory and should be filled in DD/MM/YYYY format. In case patient is not aware of his/her exact date of birth, fill the age. Software will pick a random date as per entered age.**

**Mobile Number** – It is mandatory, In case patient doesn't have mobile number, please fill relative's number.

➤ **Relation Type:**

- ☐ Self
- ☐ Mother
- ☐ Father
- ☐ Brother
- ☐ Sister
- ☐ Daughter
- ☐ Spouse

**Communication Language** – Language that patient understand – SMS will be sent by system in this language.

**Screening Date** – Usually today's date, when patient's screening takes place.

**State, district, City, Village, address** – all related to patient's native place.

Note: Upon registration, an SMS will be sent to registered patient's mobile number in the selected communication language.

Upon submission, a unique Patient-Id will be generated by system. Please note down this Id. When patient is operated in Hospital, further diagnostic details will be filled against this Patient-Id via Govt./Private/Other Login.

# National Programme for Control of Blindness & Visual Impairment (NPCBVI)



## National Programme for Control of Blindness & Visual Impairment(NPCBVI)

Directorate General of Health Services  
Ministry of Health & Family Welfare, Government of India



Dashboard
Registered Patient
Low Vision Register
Send To DPM
Report
Welcome (test)

Login Type : Private Practitioner
Login Id :
State: TEST
District: TEST1

Patient Registration
Today Registered Patient(s) : 0

Registration Type
Hospital Walk-in
Patient Image
Only jpg, png allowed .Image size 200kb allowed.
Choose File
No file chosen
Upload

Personal Details

ID Type
--Select--
Dependency type
Self
Dependent
First Name
First Name
Last Name
Last Name
Date of Birth
DD/MM/YYYY
Age
Age
Gender
Male
Female
Transgender

Communication Details

Mobile Number Details

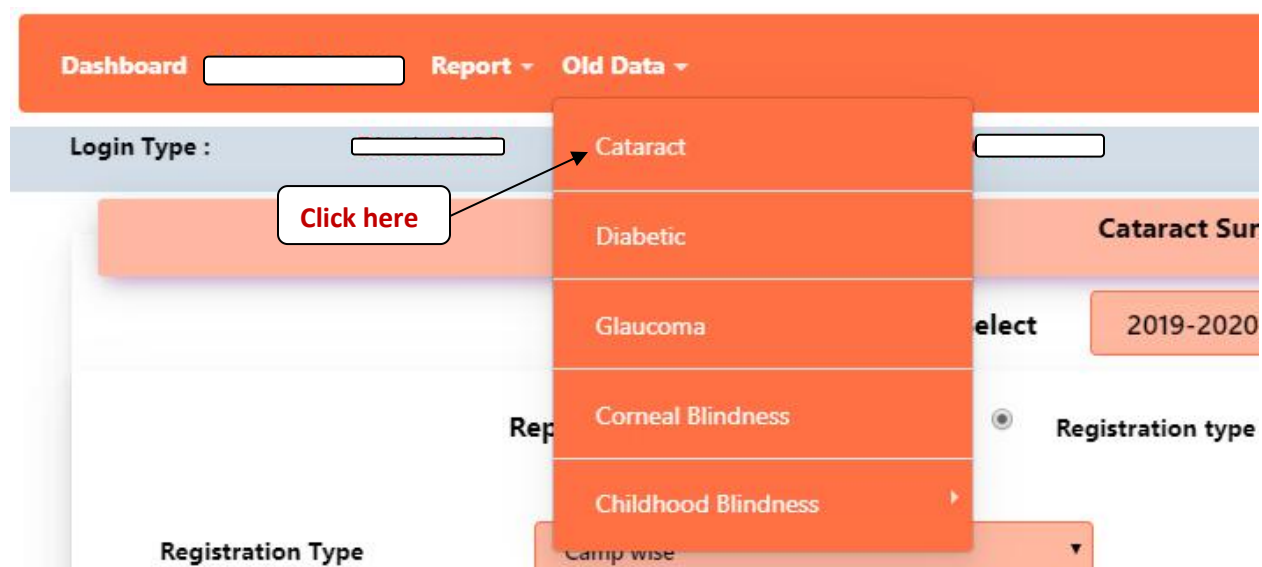
Relation Type
--Select--
Mobile No
Mobile number

Screening Date
11-06-2021
Tentative Surgery Date
DD/MM/YYYY
Communication Language
--Select Language--
Disease
--Select--
State
--Select State--
District
--Select District--
City
--Select City--
Village
--Select Village--
Address/ House/ Flat Number
House/ Flat Number
Apartment/ building./Colony /floor
Apartment/ building./Colony /floor
Area/ Near Land Mark, etc
Area/ Near Land Mark, etc
Pin Code
Pincode
Reporting Place
Reporting place

Submit
Reset

### 3. Module Name – Old-Data Reports

#### b. **Link Name** – Cataract



**You can view old data (npcb.nic.in) by**

- Financial year wise and
- Approved or Pending status-wise

## National Programme for Control of Blindness & Visual Impairment (NPCBVI)

Cataract Patients ( 2018-2019 )

Year \* : 2018-2019 Pending Submit

S.No.	Patient Id	Name of Person	Mobile No	Age/Gender	Address	Operation Date	Operated Eye	<input type="checkbox"/>	
1	[REDACTED]	GYAN WATI	[REDACTED]	70 Female	ALBAICHHATAMATHURA281501	10-07-2018	LEFT	<input type="checkbox"/>	<a href="#">View</a>
2	[REDACTED]	SANTOKI	[REDACTED]	70 Male	CHANDAURIDAUTANAMATHURA281501	10-07-2018	RIGHT	<input type="checkbox"/>	<a href="#">View</a>
44	[REDACTED]	NAWAL SINGH	[REDACTED]	60 Male	[REDACTED]	17-07-2018	RIGHT	<input type="checkbox"/>	<a href="#">View</a>
45	[REDACTED]	POORAN	[REDACTED]	70 Male	[REDACTED]	17-07-2018	RIGHT	<input type="checkbox"/>	<a href="#">View</a>
46	[REDACTED]	MANI RAM	[REDACTED]	60 Male	[REDACTED]	17-07-2018	RIGHT	<input type="checkbox"/>	<a href="#">View</a>
47	[REDACTED]	MOOL CHAND	[REDACTED]	70 Male	[REDACTED]	17-07-2018	RIGHT	<input type="checkbox"/>	<a href="#">View</a>
48	[REDACTED]	RAMWATI	[REDACTED]	52 Female	[REDACTED]	17-07-2018	LEFT	<input type="checkbox"/>	<a href="#">View</a>
49	[REDACTED]	BHAGWAN DEVI	[REDACTED]	60 Female	[REDACTED]	17-07-2018	RIGHT	<input type="checkbox"/>	<a href="#">View</a>
50	[REDACTED]	SHIV CHARAN	[REDACTED]	72 Male	[REDACTED]	17-07-2018	LEFT	<input type="checkbox"/>	<a href="#">View</a>
				1 2 3					



Send to DPM

**If your data is pending for “Send to DPM” Select as many patient(s) and click approve.**

**Note:** There is a **“View”** link in front of each patient to see the surgical record and it’s a good practice to view all patient records.



Cataract Surgical Report


**National Programme for Control of Blindness & Visual Impairment(NPCBVI)**  
 Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India
 

Registration No.	[REDACTED]	Registered for	
Patient Name	GYAN WATI	Mobile No.	[REDACTED]
Age of Patient	70	Gender	Female
Address	[REDACTED]		

### PRE-OPERATIVE EXAMINATION

	Left Eye	Right Eye
Visual Acuity	10	8
Ocular Diagnosis	1	2

### Operative Details

Date of Operation	10/07/2018	Place of Operation	VRINDABAN
Date of Follow Up	11/08/2018	Place of Follow Up	VRINDABAN
Eye to be Operated	LEFT	Type of Operation	Eye Disease Management

### Follow up

LEFT EYE				RIGHT EYE			
Sph.	Cyl.	Axis	VA	Sph.	Cyl.	Axis	VA
N/A	N/A	N/A	6/18	N/A	N/A	N/A	N/A

After send all data to DPM. Contact you're for approval of data.

If you are existing user (npcb.nic.in) and you are not able to see previous data then mail us **helpdesk [dot]npcb[at]nic[dot]in**.

Old data reports for (**Diseases Diabetic-Retinopathy, Glaucoma, Squint, VR-Surgery, Corneal-Blindness (Keratoplasty), Retinoblastoma, Retinopathy of prematurity, Congenital-Ptosis, Intraocular trauma in children same**) as previous steps which we followed on “Cataract Surgery”.

User manual for Entry module and Reports also available in Login of Govt./Pvt./Others .

### Frequently asked Questions:

**1. Govt./Pvt./Others need Darpan number for registration?**

No.

If there is any problem in the process please contact:  
**helpdesk [dot] npcb [at] nic [dot] in.**

\*\*\*\*\*END\*\*\*\*\*

