## National Programme for Control of Blindness

## USER MANUAL

- 1. NGO REGISTRATION
- 2. <u>Camp/ Satellite centre Registration</u>
- 3. Patient Registration

## NGO REGISTRATION

#### Pre requisites:

- Must have Darpan number (in case Darpan number is available and you are still not able to login
  , check Darpan application registration status at <u>http://ngodarpan.gov.in</u>). Refer to
  <a href="https://ngodarpan.gov.in/index.php/home/fag">http://ngodarpan.gov.in</a>). Refer to
- Keep the following documents handy before registering at NPCB portal.

✓ Society/Charitable public trust registration certificate.
 ✓ Minimum 3 years of experience certificate.

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

Step1.

Click on the '*Registration*' link in the menu bar and select NGO from drop down for NGO registration.

NOTE: Registration for all NGOs is must at <u>http://npcbvi.gov.in</u>.



Enter the darpan number and pan number. Click on Verify button.



The details as registered with darpan portal will be populated. Click on continue button to proceed with registration process. Click on close button to close the pop up screen.



After clicking on continue button scroll to the bottom of the page and enter NGO Bank account details like mobile number, Bank name, account number, ifsc code. Upload the documents as mentioned in the document checklist and click on submit button.

	Directorate Gene Ministry of Hea	ral of Health Sei Ith & Family Welfar	rvices <sup>re</sup>		LEON LEVEL
Registration _			-		
istration					
	NGO H	Registration			]
		0			
				RE	
	NGO Banl	x Account Details		Ed	
Mobile No*	NGO Bank	k Account Details Bank Name*	ANDHRA BANK	r to the second se	
Mobile No* Account No.*	NGO Bank 111111111 456333333333333	<mark>K Account Details</mark> Bank Name* IFSC Code*	ANDHRA BANK	red IFSC Code	
Mobile No* Account No.*	NGO Bank 1111111111 45633333333333 sklist of Document to be unloded (only 10)	x Account Details Bank Name* IFSC Code*	ANDHRA BANK ANDB0000084	red IFSC Code	
Mobile No* Account No.* Chec 1. Minimum 3 y	NGO Bank 111111111 4563333333333 Sklist of Document to be uploded (only preserved)	CAccount Details Bank Name* IFSC Code* df, jpg allowed. Maxi	ANDHRA BANK ANDB0000084 imum file size allowed	red FSC Code 50 kb.)	
Mobile No* Account No.* Chec 1. Minimum 3 y 2. Society/Chari	NGO Bank 111111111 4563333333333 Sklist of Document to be uploded (only prears of experience certificate. itable public trust registration certificate.	Account Details Bank Name* IFSC Code* df, jpg allowed. Maxi Choose File Tocia	ANDHRA BANK ANDB0000084 imum file size allowed adhar.pdf	red IFSC Code 50 kb.)	
Mobile No* Account No.* Chec 1. Minimum 3 y 2. Society/Chari	NGO Bank 111111111 4563333333333 Sklist of Document to be uploded (only p rears of experience certificate. itable public trust registration certificate.	Account Details Bank Name* IFSC Code* df, jpg allowed. Maxi Choose File Incom Choose File Incom Submit	ANDHRA BANK ANDB0000084 imum file size allowed adhar pdf	red FSC Code 50 kb.)	

A confirm dialogue box appears. After you confirm, an email is sent on the email id registered with darpan portal.



Check your email after submitting the information.

You can then create password through link sent via email.

Now click on Home link and enter the log in id (sent in mail) and password( created by you).

्रि सत्यमेन जयते	National Programme for Control of Blindn Directorate General of H Ministry of Health & Fai	amme for Control of Blindness & Visual Impairment(NPCBVI) Directorate General of Health Services Ministry of Health & Family Welfare					
NPCBVI	Home						
nber is mandato	ory for registration						
Gener	ral Instructions	Log	J-in Form				
• Da nu htt	rrpan Number is must for NGO registration. If you don't have Darpan imber ,Please go to Darpan portal for registration tps://ngodarpan.gov.in/.	Login Id	÷				
• Re	gistration process is mandatory for all users (Old and New).	Password	<b>≙</b>				
• Eq • Do be i.i iiii	uipment details are mandatory . scuments Check list : Scanned copies of following documents need to uploaded as supportive documents: ) Society/Charitable public trust registration certificate .) Minimum 3 years of experience certificate ii) Manpower Details () Atleast 15 Bads facility in PD	Captcha	654468	!			
• Ba rec In	ink details like account no. , bank IFSC code and bank name are also quired. case of any problem please drop an email : <u>helpdesk.npcb@nic.in.</u>	Sign Forgot/Reset Password	In Click here to Re	gister			

After logging in , Add the States and the respective districts you will be working in.

Click on the drop down list and click the check box against the states that you want to work in. After selecting the states click on submit button.

AddWorki	ing District				U Logout						
		Login T	rpe:National NGO								
	Selection of State(s) and District(s) at NGO level										
Sta	State Name Select Submit										
	Select District(s)										
S.No	State Name		District Name								
1	ANDHRA PRA	DESH	Select	Submit							
			Save As Draft Next								

The district drop downs will be then listed for selected states.

Select the district(s) that you will be working in. After selecting district(s) from drop down click on submit button.

AddWorki	ing District		U Logout							
	Login T	ype:National NGO								
		Selection of State(s) and District(s) at NGO level								
Sta	State Name     2 selected     Submit     ANDAMAN AND NICOBAR ISLANDS, ANDHRA PRADESH,									
		Select District(s)								
S.No	State Name	District Name								
1	ANDHRA PRADESH	Select								
2	ANDAMAN AND NICOBAR ISLANDS	Select								
		Save As Draft Next								

After the district for all states have been selected click on Next button. You can click on Save as draft button at any point of time during data entry.

After clicking on next button, you will be required to enter the user(s) working in the district.

If a user is already working in that district check the old radio button and enter the user id. Now click on fetch details button. The details already present in the system will be populated.

AddWo	tking District	t						<b>U</b> Logout			
			Login Type:National I	NGO							
District level user(s) details											
S.No	State	District	Select User	Old User ID	Name	Email ID	Mobile	Action			
1	ANDHRA PRADESH	ANANTAPUR	<sup>O</sup> New ●Old	Fetch Details				Update			
2	ANDHRA PRADESH	KRISHNA	○New ●Old	Fetch Details				Update			
3	ANDAMAN AND NICOBAR ISLANDS	SOUTH ANDAMANS	<sup>O</sup> New ●Old	Fetch Details				Update			
				Previous	Submit						

If a new user has to be added, check the new radio button and enter the details required.

Click on Add / Update link as the case may be, to add user in the district.

After all ngo district users have been added, click on submit button.

All the users created will be intimated via email that they have been registered/added to work in *xyz* district of *abc* state.

The NGO member can now create password through link sent on the email id.

Login now using login id sent on email and password as created.

Click on Manage Users at the top menu bar. Then select NGO Hospital, then Add NGO Hospital.

Manage U	sers 🖕								ULog
.ogin Type	: Distri	ict NGO	Login Id :	0184011502		State : ANDHRA PRADE	SH	District : ANANTA	PUR
[									
					Hospit	tal Registration			
	Dai	rpan No. *				Hospital ID *	H20196816	364	
	Ho	spital NIN no.	NIN Nun	ıber	Verify	HFI Name*	N/A		
	Ho	spital Name*	Hospital	Name		Email ID *	Email		
	Pho	one No.	STD Cod	e Pho	ne Number	Fax No.	Fax numbe	r	
	Ad	dress *	Address			State *	ANDHRA	PRADESH	•
	District * ANANTAPUI					• Pin Code *	Pincode		
					Noda	al Officer Details			
	Off	ficer Name *	Officer N	ame		Mobile No. *	Mobile Nu	mber	
					Eq	uipment Detail			
						_			
				S.No.	Equipment Name Applanation Tonomete	r	Quantity		
				2	Consumable for Phaco	Sx(Phacotips,sleeves cassettes			
				3	Operating Microscope				
				4	Streak Retinoscope				
				5	Surgical sets				
				6	Sutures 4-0,8-0,10-0(p	rolene,Silk,nylon,vicryl)			
				7	Viscoelastics				
				8	Vision Chart				
				S	ave	Add Doctors in	1 this NGO Hos	pital	

Enter all the details (field marked \* are mandatory). Click on next button to add doctors working in this hospital.

	]	Doctor Registration	
Darpan ID *		Hospital *	ram(H20196816364)
MCI Reg. No.*	MCI Number	Name *	Doctor Name
Date of Birth*	DD/MM/YYYY	Gender *	🔵 Male 🔘 Female 🔵 Transgende
Mobile No. *	Mobile Number	Email ID *	Email Id
State*	ANDHRA PRADESH	District *	ANANTAPUR
Din Code *	Pincode	MCI Certificate	Choose File No file chosen

After adding doctor details click on Save button. Click on Add Another Doctor button to add more doctors in the same hospital.

Click on Next button to proceed. Upload the required documents and click on Next button.

Manage Use	ers 🗸								
Login Type :	District 1	NGO LO	ogin Id :	0184011502	Stat	te : ANDHRA PRAL	DESH	Dist	rict : ANANTAPUR
	3. M	lemorandum of 1	Docu Indersta	ıment Checl nding *	klist (only pdf, jpg al	lowed. Maximu	m file size al	llowed 50kb.)	
	3. Memorandum of understanding *		01/04/2018	Choose File     sample.pdf       01/04/2018     To Date *		31/03/2019			
					Previous	Next			

Click on next button and select the services provided by NGO.

strict NGO	Login Id :	0184011502	State : ANDHRA I	District : ANANT.	
			Select services provided by	y NGO	
		S.No.	Component	Select All	
		1	Cataract		
		2	Glaucoma		
		3	Squint	Image: A start of the start	
		4	Congenital Ptosis		
		5	Diabetic Retinopathy		
		б	Corneal Blindness		
		7	Retinopathy of Prematurity		
		8	Retinoblastoma		
		9	Intraocular Trauma in Children		

Click on Save button and then Click on Final Submit button. Confirm submission of the application and check your mail.

In case of new user the application is submitted to District Program Manager for approval.

Now hospitals and doctors will be intimated via email that they have been registered with *abc* Ngo in *xyz* district.

#### Adding CAMPS/SATTELITE CENTRES

() Logout Login Type : District NGO Login Id : 0184013510 State : ANDHRA PRADESH District : KRISHNA Camp Manager Registration Gender\* ●Male ●Female ●Transgender User Name\* User name Mobile No. Mobile Number Email ID\* Email Id Address Designation Address\* Designation Submit Reset

Click on Add Camp Manager link to add camp manager.

Enter the details and click on Submit button.

Then click on *screening camp* link for camp registration. The camp managers added above will be displayed in a dropdown.

Manage Users 🖕	Report 🗸							QΓ	ogout
Login Type : Distr	ict NGO	Login Id :	0184013510	State :	ANDHRA PRADES	Н	District :	KRISHNA	
			Camj	p Reg	gistration				
		NGO Name*	Aayom Welfare Society		Camp Name*	Camp Name			
		Start Date *	DD/MM/YYYY		End Date*	DD/MM/YYYY			
		Camp Manager Name*	Select Manager	•	Mobile No.*	Mobile Number			
		Address*	Address		Location Type*	Urban			
			Sub	omit	Reset				

Manage Users 📮 🖡	Report 🖕								(U Logout
Login Type : District	NGO	Login Id :	0184013510	State :	ANDHRA PRADESH		District :	KRISHNA	
			Satellite M	anag	er Registratio	on			
	U	Jser Name*	Name		Gender*	Male Female	OTransgender		
	1	Mobile No. *	Mobile Name		Email ID*	Email			
		Hospital *	Hospitals not Available	•	Designation	Designation			
		Address*	Address	h					
			Sub	omit	Reset				

Similarly a Satellite Manager can be added by clicking on Add Satellite Manager link.

Manage Users 🖕	Report 🗸						ال ULogou
Login Type : Distr	rict NGO	Login Id :	0184013510	State	ANDHRA PRADES	H Distri	ict : KRISHNA
		Satellite Centre Name* Centre Officer Name*	Si Centre Name Manager not R	atellite Centr	re Registratio Hospital Name* Mobile No.*	DN Hospitals not Available	
		Address*	Address	1	Email ID*	Email id	
				Submit	Reset		

Similarly Satellite centre can be added after registration of Satellite centre.

The name of Camp Manager/ Satellite Manager can be selected from the drop down.

Hospital, Satellite centres and camp managers can now login and register patients.

#### **PATIENT REGISTRATION**

After login Click on Register Patient.

	Patient Ro	egistration		
Registration Type	Screening Camp Satellite Centre ®Hospital Walk-in	Patient	Only jpg, png allowed .Image size 50kb allowed.	d
	Persona	l Details		
ID Type *Select	·	Depe	ndancy type *	
First Name *	First Name	Last Name	Last Name	
Date of Birth	DD/MM/YYYY	Gender *	Male Female Transgender	
Mobile No "	Mobile number	Communication Language	Select Language	٠
Mobile No * Screening Date *	Mobile number 03-01-2019	Communication Language Reporting Place "	Select Language dddfhwh	•
Mobile No <sup>*</sup> Screening Date <sup>*</sup> Tentative Surgery Date <sup>*</sup>	Mobile number 03-01-2019 DD/AM/YYYYY	Communication Language Reporting Place * Disease *	Select Language dddfhuh Select	•
Mobile No " Screening Date " Tentative Surgery Date " State "	Mobile number 03-01-2019 DD/AIM/YYYYSelect State •	Communication Language Reporting Place * Disease * District *	Select Language dddfhuh Select Choose District	•
Mobile No * Screening Date * Tentative Surgery Date * State * City *	Mobile number 03-01-2019 DD/MM/YYYYSelect StateSelect City	Communication Language Reporting Place * Disease * District * Village	Select Language dddfhuh Select Choose District Choose Village	•
Mobile No Screening Date Tentative Surgery Date State City House/ Flat Number	Mobile number 03-01-2019 DD/AIM/YYYYSelect StateSelect City House/ Flat Number	Communication Language Reporting Place * Disease * District * Village Apartment/ Duilding./Colony /floor	Select Language dddfhah Select Choose District Choose Village Apartment/ building./Colony /floor	•

Enter the details and click on Submit button.

Click on low vision register and click on Cataract. Then fill data for Pre-operative, Operative, Post-Operative and Follow up as the case may be.

								Search		
Pre o	perativ	e Operative	Post Operati	ive Follo	ow up (After 30 I	Jays)	<b>`</b>			
				Cataract	patients (F	re operat	tive)			
	S.No.	Patient Id	Name of Person	Mobile No	Address	Gender	Registration Date	Registration Type	Status	Action
	1	2/2019/0212989124	fy	33333333333	eyer, ,	Male	04-01-2019	Hospital Walkin	CSR Pending	Pre Operative
	2	1/2019/0212989124	test	33333333333	sfdgs, ,	Male	04-01-2019	Hospital Walkin	Sent to DPM	Pre Operative

# Pre-Operative

Register P	atient Low Vision Re	egister Send	Fo DPM _ Repo	ort 🖕					(U Logou
Login Type :	: Hospital	Login Id : H2	0185757362	State :	UTTAR PRADESH		District :	BAGHPAT	
ſ			Ca	ataract Registrati	on (Pre operative )				
	Patient ID	2/2018/021	2989124		Patient Image				
	Patient Name	erter			Date of Birth	07-12-2018			
	Mobile No.	34		City	Car Nicobar	· · · · · · · · · · · · · · · · · · ·			
	Pincode	0 thining, ,			Registered for	Cataract			
				Pre Op	erative				
	Visual Acuity(Left	: Eye) *	VA LEFT		Visual Acuity(Right B	Eye)*	VA Right		
	Ocular Diagnosis	Ocular Diagnosis(Left Eye) <sup>*</sup>			Ocular Diagnosis(Right Eye)*		OD LEFT		
				Submit	Reset				

## **Operative**

egistration (Operative ) Patient Image Date of Birth City District Registered for Tentative Surgery Visual Acuity(Right Ocular Diagnosis(6)	07-12-2018 Car Nicobar BAGHPAT Cataract 28-12-2018	
egistration (Operative ) Patient Image Date of Birth City District Registered for Tentative Surgery Date Visual Acuity(Right Ocular Diagnosis(E	07-12-2018 Car Nicobar BAGHPAT Cataract 28-12-2018	
Patient Image Date of Birth City District Registered for Tentative Surgery Date Visual Acuity(Right Ocular Diagnosis(R	C7-12-2018 Car Nicobar BAGHPAT Cataract 28-12-2018	
Date of Birth City District Registered for Tentative Surgery Date 're Operative Visual Acuity(Right	07-12-2018 Car Nicobar BAGHPAT Cataract 28-12-2018 tt Eye) 6/6	
City District Registered for Tentative Surgery Date Pre Operative Visual Acuity(Right Ocular Diagnosis(6	Car Nicobar BAGHPAT Cataract 28-12-2018 tt Eye) 6/6	
District Registered for Tentative Surgery Date Vre Operative Visual Acuity(Right Ocular Diagnosis(6	BAGHPAT Cataract 28-12-2018 tt Eye) 6/6	
Registered for Tentative Surgery Date Pre Operative Visual Acuity(Right	Cataract 28-12-2018 It Eye) 6/6	
Tentative Surgery Date Pre Operative Visual Acuity(Right	28-12-2018 It Eye) 6/6	
re Operative Visual Acuity(Right	it Eye) 6/6	
Visual Acuity(Right	6/6 6/6	
Ocular Diagnosis(F		
o canar bragnosis(i	Right Eye) Phoria	
rative / Surgery		
Date of Operation*	DD/MM/YYYY	
▼ Doctor Name*	Select Doctors	•
	Tative / Surgery Date of Operation' Doctor Name*	rative / Surgery       Date of Operation*       DD/MM/YYYY       •       Doctor Name*      Select Doctors       it       Reset

# Post -Operative

Register Pat	ient Low Vision Regis	ter 👘 Send To DPM 🖕	Report 🖕					ů۱
gin Type :	Hospital Lo	gin Id : H20185757362		State :	UTTAR PRADESH		District :	BAGHPAT
			Cataract	Peristratio	n (Post Operative)			
			Cataract	Registratio	n (Post Operative)			
	Patient ID	2/2018/0212989124			Patient Image			
	Patient Name	erter			Date of Birth	07-12-2018		
	Mobile No.	3434343434			City	Car Nicobar		
	Address	fhfhfhfg, ,			District	BAGHPAT		
	Pincode	0			Registered for	Cataract		
	Screening Date	24-12-2018			Tentative Surgery Date	28-12-2018		
				Pre One	nativo			
	Visual Acuity(Left Ev	e)	6/5	The Ope	Visual Acuity(Right Fr	ve)	6/6	
	Ocular Diagnosis(Lef	t Eye)	Cataract		Ocular Diagnosis(Rig	ht Eye)	Phoria	
				Operative /				
	Date of Operation	17-01-2019			Place of Operation	casdsdsdda		
	Doctor Name	DGASD			Operated Eye	LEFT		
				Post Ope	erative			
	Visual Acuity at Discharge(LEFT)*	VA LEFT			Visual Acuity at Discharge(RIGHT)*	6/6		
	Type of Operation*							
	Immediate complications*							
							4	
	Medication on discharge*							
							4	
			0	abaait	Basat			
			SI	uonnt	Reset			

If Select Follow up Option.

•

Register	Register Patient         Low Vision Register         Send To DPM				Report 🖕				ပ် Logout	
Login Type	: н	ospital	Login Io	: H20185757362		State :	UTTAR PRADESH		District : BAGHPAT	
					T	Post Follow	up (CSR)			
						l ost I onow				
		Patient ID	2/	2018/0212989124			Patient Image			
		Patient Name	er	er			Date of Birth	07-12-2018		
		Mobile No	34	34343434			City	Car Nicobar		
		Address					District	BAGHPAT		
		Pincode	0				Registered for	Cataract		
		Screening Date	24	-12-2018			Tentative Surgery Date	28-12-2018		
						Pro On	ovetivo			
					0.15	1 le Op	Nievel Assity (Dista F			
		Visual Acuity (Left	Eye)		6/5		Visual Acuity (Right E)	ye)	6/6	
		Ocular Diagnosis (	Left)		Cataract		Ocular Diagnosis (Rigi	nt)	Phoria	
	Date of Operation 17-01-2018									
					Place of Operation casdsdsdda			casdsdsdda		
		Doctor Name	DO	ASD			Eye to be operated	LEFT		
					Post Operative					
		Visual Acuity at Di	scharge	(LEFT)	6/5		Visual Acuity at Discha	arge(RIGHT)	6/6	
		Type of Operation			Catalase					
		Immediate Complie	cations		Red eye					
		Medication on disc	harge		Ciprofibra	ate product				
				Follow up						
		Presenting Visual Acuity (Left)					Presenting Visual Acuity (Right)	6/6		
		Follow up Place					Follow up Date			
		ronow up r nuce					i onow up bute	DD/MM/YYYY		
	_									
				Left Eye				RIght Eye		
		Spn.	Cyl	. Axis		VA	Spn.	Cyl. Axis	VA	
	_									
				Say	ve as Draft	t Fir	al Submit Res	set		
				Su			Res			