



F.32(140)/NRHM/CSR/BSBY/ 2742

Date: 01/12/15

To  
All Principal and Controller, Medical College,  
All Superintendent, Medical College Hospital,  
All Principal Medical Officer,  
Rajasthan

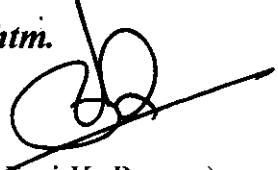
**Subject: Regarding creation of user-ids for Bhamashah Swasthya Bima Yojana (BSBY) Software.**

Ref.: Hands-on-training held at Jaipur during 27-30/11/2015.

In reference to the above cited subject, please find enclosed herewith format for creation of user-ids for Bhamashah Swasthya Bima Yojana (BSBY) software. It is requested you to kindly fill information in the format for the various users based on their roles and responsibilities (i.e. Swasthya Margdarshak, Nodal Officer, Institution Incharge etc), so that user-id may be timely. The link of web-application for *dry run* has been made available on the department website.

*Please regularly visit website [www.rajswasthya.nic.in/bsby.htm](http://www.rajswasthya.nic.in/bsby.htm).*

Encl: As above.

  
(Dr. Niraj K. Pawan)  
Additional Mission Director,  
National Health Mission

Copy for information and necessary action:-

1. PS to Special Secretary, MH&FW and Mission Director, NHM
2. PS to Commissioner & Secretary, DoIT&C
3. Dr. Avtar Singh Dua, General Manager (Technical)
4. Sh. Tapan Kumar, ACP (DD), DoIT&C
5. Sh. M.P.Jain, Demographer, NUHM
6. Consultant-ISC/ IT, NHM

  
Additional Mission Director,  
National Health Mission

## Bhamashah Swasthya Bima Yojana – User-id Request Form

### Hospital Details

Type	<input type="checkbox"/> Medical College	<input type="checkbox"/> District Hospital	<input type="checkbox"/> Sub District Hospital	<input type="checkbox"/> Satellite Hospital
Full Name			Address	
District			Pin Code	

### Employee/ Staff/ Swasthya Margdarshak Details

Emp. Id (If Any)		Request Date	/ /
Name		Father's name	
Department		Designation	
Mobile No		Email Id	
Role/ User type	<input type="checkbox"/> Swasthya Margdarshak <input type="checkbox"/> MOIC (Hospital In-charge) <input type="checkbox"/> Others (Specify) _____		
Temporary Role Assigned (If yes then provide date else keep it blank)		Role assigned upto Date	/ /

### Reporting officer Details

Name			
Designation			
Mobile No		Email Id	

### (Need to be filled by organization head)

Approving Authority Name	Approving Authority Designation
Approving Authority Signature	Approving Authority Seal

Date:

Place:

Note: For any query, please call Sumesh Singh, Consultant IT, NHM - 9887283641  
Please visit [rajswasthya.nic.in/bsby.htm](http://rajswasthya.nic.in/bsby.htm)

