



**USER MANUAL**  
**FOR**  
**CLINICAL ESTABLISHMENTS**  
**(REGISTRATION AND REGULATION)**  
**ACT 2010**  
**(CERRS)**



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## 1. Login Screen:

To access the CERRS site, Users/Clinical Establishments (CE) must have their "Clinical Establishment ID" and "Passwords". To register, users/CEs must click the Register Here link on the CERRS profile portal's login page.

As illustrated in Figure 1.1

The Clinical Establishments (Registration and Regulation) Act, 2010

Steps for Clinical Establishment Certification

Step 1. Create username/password  
Step 2. Login and apply for Clinical Establishment Registration  
Step 3. Get Clinical Establishment Certificate

Click here to download:

- [User Manual for New Registration](#)
- [User Manual for Renew Registration](#)

Sign-in

Username  
Enter your Username

Password  
Enter your Password

Enter Captcha  
Enter Captcha

9G<sup>C</sup> j 8 Refresh Captcha

Sign In

[Forgot Password?](#)

Don't have a Clinical Establishment ID? [Register Here!](#)

Click here to create the new account .

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Fig 1.1

## 2. Registration Page:

Clinical Establishment Registration Page any clinical users can register on the portal by entering few basic information. After registration, they will receive an email to verify the email. Once email verified, they can login and apply for Provisional and Permanent application. As shown in **figure 1.2**



Need to fill all the mandatory fields in the form .

**The Clinical Establishments (Registration and Regulation) Act, 2010**

**Registration Form for Clinical Establishment**

All fields marked with \* are mandatory

<b>First Name *</b> <input type="text" value="Enter your First Name"/>	<b>Middle Name</b> <input type="text" value="Enter your Middle Name"/>	<b>Last Name *</b> <input type="text" value="Enter your Last Name"/>
<b>Username *</b> (Username Policy) <input type="text" value="Username"/> <small>(Username you enter, lets you sign in to Clinical Establishment Application.)</small>	<b>Email ID *</b> <input type="text" value="Enter your Email Address"/> <small>(All communication from CERR will be sent to this email address.)</small>	
<b>Mobile Number *</b> <input type="text" value="Enter your Mobile No"/>	<b>OTP *</b> <input type="text" value="Enter your OTP"/>	
<b>Select ID Proof *</b> <input type="text" value="Select ID Proof"/>	<b>Enter ID Number *</b> <input type="text" value="Enter your Valid ID Number"/>	
<b>Enter Password *</b> (Password Policy) <input type="password" value="Enter your Password"/>	<b>Confirm Password *</b> <input type="password" value="Enter Confirm Password"/>	
<b>Enter Captcha *</b> <input type="text" value="Enter Captcha"/>		<a href="#">Refresh Captcha</a>
<input type="button" value="Reset"/>		<input type="button" value="Create an Account"/>

Click on the create account button.

**Fig 1.2**

On the Registration page, all fields are mandatory, complete the following information:

- Applicant's Name
- Username
- Email: Enter your e-mail address. This address will be used for communications regarding your application.
- Mobile No: Enter the your mobile number only this will used for OTP
- Id Proof: Select Applicant's Photo ID from drop down list.
- Id No: Enter the above selected Photo ID's Number.
- Password: Enter the password as per the password policy .



Clicking on the create an account the user needs to verify the account for the email as shown in figure 1.2(a)

The screenshot shows the website interface for the Clinical Establishments (Registration and Regulation) Act, 2010. At the top, there is a green banner with a checkmark and the text: "Your account has been created successfully, please verify it by clicking the activation link that has been sent to your email address." Below this, the page is divided into two main sections. On the left, under "Steps for Clinical Establishment Certification", there are three steps: "Step 1. Create username/password", "Step 2. Login and apply for Clinical Establishment Registration", and "Step 3. Get Clinical Establishment Certificate". Below these steps are two links: "User Manual for New Registration" and "User Manual for Renew Registration". On the right, there is a "Sign-in" form with fields for "Username", "Password", and "Enter Captcha". There is also a "Refresh Captcha" button and a "Sign In" button. At the bottom of the sign-in form, there are links for "Forgot Password?" and "Don't have a Clinical Establishment ID? Register Here!". A blue callout box on the right side of the screenshot contains the text: "Message will displayed on the screen for verify the account."

Fig1.2 (a)

After verified the email user ready to login the account as shown figure 1.3 (a)

The screenshot shows the website interface for the Clinical Establishments (Registration and Regulation) Act, 2010. At the top, there is a green banner with a checkmark and the text: "Your email has been verified, now you can login." Below this, the page is divided into two main sections. On the left, under "Steps for Clinical Establishment Certification", there are three steps: "Step 1. Create username/password", "Step 2. Login and apply for Clinical Establishment Registration", and "Step 3. Get Clinical Establishment Certificate". Below these steps are two links: "User Manual for New Registration" and "User Manual for Renew Registration". On the right, there is a "Sign-in" form with fields for "Username", "Password", and "Enter Captcha". There is also a "Refresh Captcha" button and a "Sign In" button. At the bottom of the sign-in form, there are links for "Forgot Password?" and "Don't have a Clinical Establishment ID? Register Here!".

Fig1.2 (b)

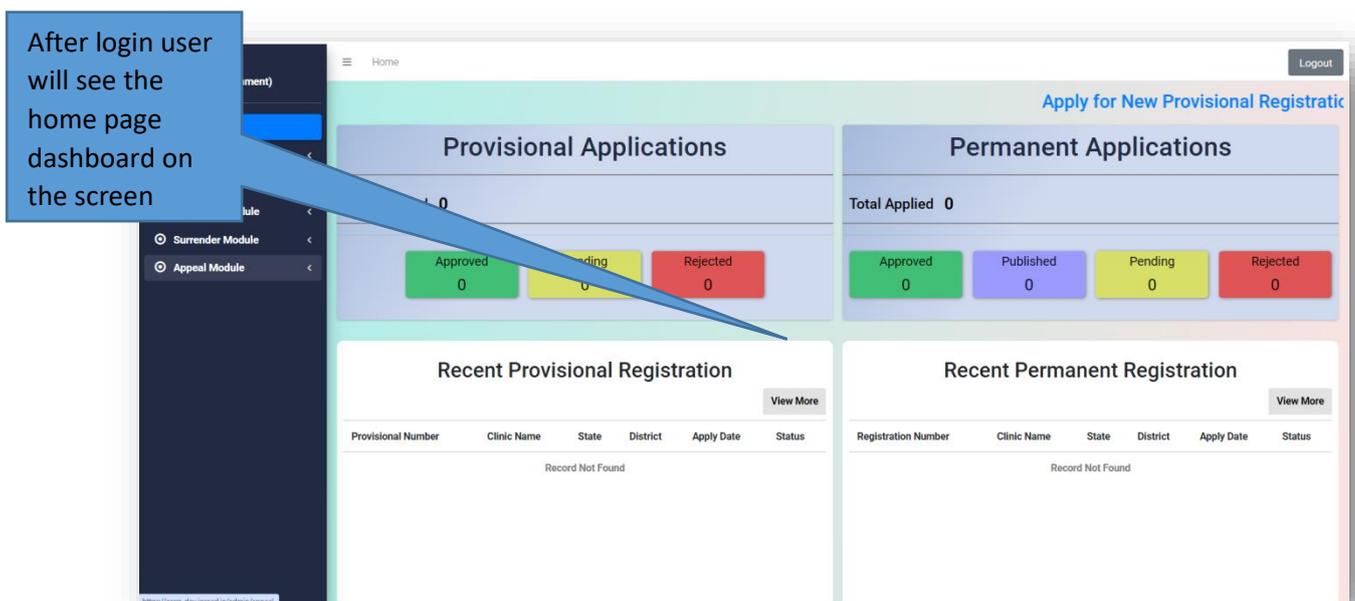


### 3. User Login Page:

On login screen, please enter your Username, Password and Captcha respectively and Click “Login” button and you will be directed to the Home Page Screen. As shown in **Figure1.4**



**Fig1.3(a)**



**Fig 1.3(b)**



#### 4. Dashboard (Clinical User):

After the login user will go to the dashboard page and can apply for the **Provisional** and **Permanent** application

- Can view the list of Approved, Pending and Rejected application
- Can view the list of applications expiring in 30 days
- Can view the list of transactions done

The dashboard is for user Shreya Chauhan (Clinical Establishment). The left sidebar contains navigation options: Dashboard, Profile, Registration, Statistical Module, Surrender Module, and Appeal Module. The main content area is divided into four cards:

- Recent Provisional Registration:** Table with columns: Provisional Number, Clinic Name, State, District, Apply Date, Status. Status: Record Not Found.
- Recent Permanent Registration:** Table with columns: Registration Number, Clinic Name, State, District, Apply Date, Status. Status: Record Not Found.
- Application Expiring in 30 days:** Filter tabs: Provisional, Permanent. Table with columns: Clinic Name, Certificate Number, State, District, Expiry Date. Status: Record Not Found.
- All Transactions:** Filter tabs: Provisional, Permanent. Table with columns: Clinic Name, Establishment Number, State, District. Status: Record Not Found.

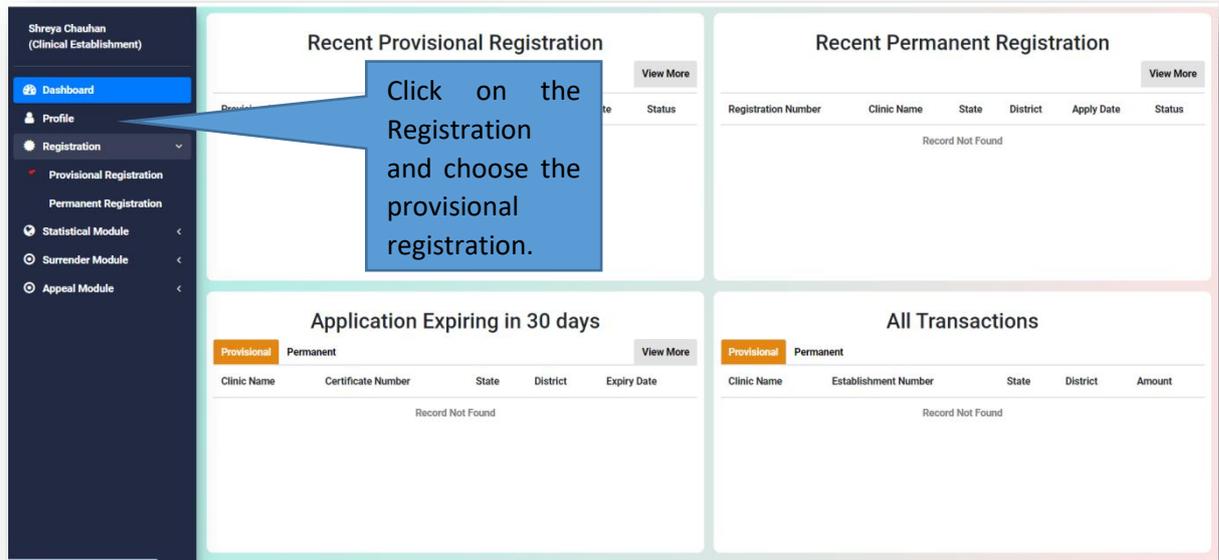
A blue callout box points to the 'Recent Permanent Registration' section with the text: "User and see all the data regarding the give points."

Fig1.4



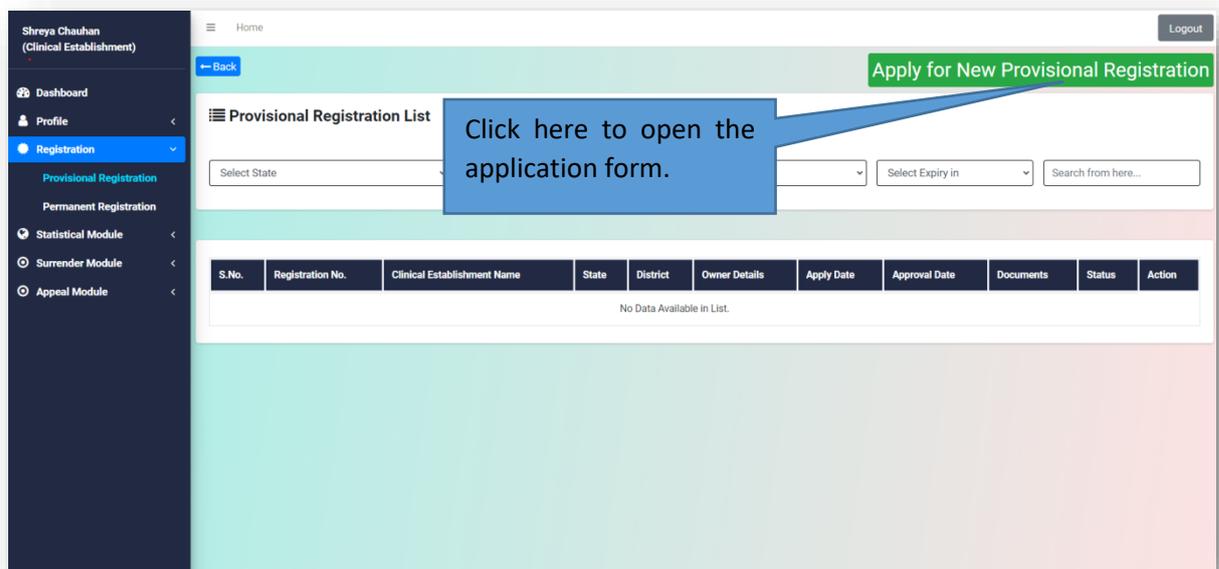
## 5. Apply of the Provisional Certificate:

**Step 1:** To apply for the provisional registration, the user must click on the Registration -> Provisional Registration, as illustrated in Figure 1.5.



**Fig1.5**

**Step 2:** Users can browse the list of applications and see the details of the previous application like Status, State, District, All State, Expiry, and Search from here. The user can use the filter to find the application as shown in figure 1.5(a).



**Fig1.5 (a)**





All the provisional registration list will appear here.

S.No.	Registration No.	Clinical Establishment Name	State	District	Owner Details	Apply Date	Approval Date	Documents	Status	Action
1	T-A385885734	FORTIS HOSPITAL	UTTAR PRADESH	Gautam Buddha Nagar	po Test	10-Oct-2023			Pending	View Detail, Pay Now, Application History
2	T-700A76298E	FORTIS HOSPITAL	UTTAR PRADESH	Gautam Buddha Nagar	Savan HGLVLY Test	04-Sep-2023		FileName1, FileName5	Pending	View Detail, Pay Now, Application History

Fig 1.5(d)

## 6. Apply for the Permanent Certificate:

CE User can apply for Permanent or Provisional Registration from the left menu “Registration - > Permanent Registration” link. Have to fill all required information. Selecting the required services, they can view the fees that needs to be paid.

Click here to apply for the permanent registration application.

S.No.	Registration No.	Clinical Establishment Name	State	District	Owner Name	Apply Date	Approval Date	Documents	Status	Action
1	P-58D5D01E35	FORTIS HOSPITAL	UTTAR PRADESH	Gautam Buddha Nagar	Savan Test	03-Sep-2023		FileName1, FileName2, FileName3, FileName4, FileName5	Pending	View Detail, Application History
2	P-63F6C0BEA1	New Test Hospital	UTTAR PRADESH	Gautam Buddha Nagar	Anil Test	09-Jan-2023	09-Feb-2023	FileName1, FileName2, FileName3, FileName4, FileName5	Approved	Download Certificate, View Detail, View Objections, Surrender Certificate

States can define the fees for the different type of registration. Fee is calculated based on the service selected by the user. User can pay fees online after filling all required information. There is an option to preview the application before final submission.



Anil Test Kumar (Clinical Establishment) Home Logout

### Application For Permanent Registration

All fields marked with \* are mandatory

**Select Your Provisional Registration :**

Provisional Registration Details  
Select Your Provisional Certificate

**Establishment Type: \***

Establishment Details  
Select Establishment Type

**Establishment Details:**

<b>Clinical Establishment Name*</b> Name Of The Clinical Establishment	<b>Location Type*</b> Select Location	
<b>Address1*</b> Address1	<b>Address2</b> Address2	<b>Village/Town/City*</b> Village/Town/City
<b>State/UT*</b> Select State	<b>District*</b> Select District	<b>Pin Code*</b> Pin Code

Anil Test Kumar (Clinical Establishment) Dashboard Profile Registration Provisional Registration Permanent Registration Statistical Module Surrender Module Appeal Module

Registration Certificate of the society/trust/company  
Choose File No file chosen

Registration Certificate from the Council of Doctors/for person-in charge  
Choose File No file chosen

Bio-medical authorization Certificate from SPCB/PCC  
Choose File No file chosen

Staff Details  
Choose File No file chosen

Upload Building Image (1MB jpeg, jpg, png)  
Choose File No file chosen

**Declaration: \***

I undertake that I have complied with the provisions of the Clinical Establishment (Registration and Regulation) Act 2010 and Clinical Establishment (Central Government) Rules 2012.

I, Anil test kumar, hereby affirm, declare that the information submitted by me in this Application form are true and correct to the best of my knowledge, and I will be liable to be penalized by the authority in accordance with law.

Date: 05-Apr-2024 Place: Place

← Back Save as Draft Print Preview Submit Application

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After the all the fields were filled click on the Submit Application.

**Fee Calculate: \***

Calculate Fee

Selected Fee \*

S.No	Description	Amount
1	Out Patient Care/ Single Doctor Clinic	500
2	Out Patient Care/ Single Doctor Clinic	200
3	Out Patient Care/ Single Doctor Clinic	1000
<b>Total Fee:</b>		<b>1700</b>

Once the fee is paid, it will not be refunded.



- Users can view the list of application along with status like Pending, Applied, Approved and Applied for Renewal.
- User can use the filter to find the application.
- User can view the certificate (if the application is approved by DRA)
- Payment History, Remarks, Penalty details can be viewed by user.

## 7. Surrender Module :

User can initiate the process of surrender of certificate (Provisional & Permanent) by clicking the “Surrender Certificate” button the surrender form will open the user should filled all the mandatory fields. As shown in figure 7.1

The screenshot displays the 'Permanent Registration List' interface. The table contains the following data:

S.No.	Registration No.	Clinical Establishment Name	State	District	Owner Name	Apply Date	Approval Date	Documents	Status	Action
1	P-5B05D01E35	FORTIS HOSPITAL	UTTAR PRADESH	Gautam Buddha Nagar	Savan Test	03-Sep-2023		FileName1 FileName2 FileName3 FileName4 FileName5	Pending	View Detail Application History
2	P-8F5392F58B	Test Clinic	UTTAR PRADESH	Gautam Buddha Nagar	Anil Singh	07-Feb-2023		FileName1 FileName2 FileName3 FileName4 FileName5	Pending Payment History	View Detail Application History
3	P-85D0884FD3	Hospital One	UTTAR PRADESH	Gautam Buddha Nagar	Anil Test	24-Jan-2023	16-Feb-2023	FileName1 FileName2 FileName3 FileName4 FileName5	Approved - R View Remark	View Detail Surrender Certificate Application History
4	P-74CC072743	Hospital One	UTTAR PRADESH	Gautam Buddha Nagar	Anil Test	24-Jan-2023		FileName1 FileName2	Applied For Renew.	View Detail

Fig7.1

User will have to select the reason for Surrender by adding the description and filled all the mandatory fields and click on the surrender button. As shown in the figure 7.2



Note:- Once you surrender the certificate of registration, it shall become inactive and shall not be reused.

**Establishment Details:**  
Establishment Name: Hospital One Registration Number: P-8500884FD3

Select a Reason for Surrender:

**Description for the surrender of Clinical Establishment :-**

**Declaration:**  
 I, Anil test kumar, hereby affirm, declare and undertake that no legal action, of any kind whatsoever, is pending against me. I also understand that the fee paid by me at the time of registration is not refundable.

Date: 08-Apr-2024 Place:

Back Surrender

Fill the description and mandatory fields.

Click on the surrender button

Fig7.2

After clicking in the on the surrender button the message of successfully message of surrendered registration will visible on the screen .As shown in the figure 7.3

Registration surrendered successfully!

Surrender List Permanent Certificate

Select State Select District All Status Search from here...

Show 10 entries

S.No.	Registration No.	Clinical Establishment Name	State	District	Owner Details	Date of Apply	Date of Approval	Documents	Status	Action
1	P-63F6C0BEA1	New Test Hospital	UTTAR PRADESH	Gautam Buddha Nagar	Anil Test	09-Jan-2023	09-Feb-2023	FileName1 FileName2 FileName3 FileName4 FileName5	Surrendered	View Detail
2	P-8500884FD3	Hospital One	UTTAR PRADESH	Gautam Buddha Nagar	Anil Test	24-Jan-2023	16-Feb-2023	FileName1 FileName2 FileName3 FileName4 FileName5	Surrendered	View Detail

Showing 1 to 2 of 2 entries

Previous 1 Next

Fig7.3

## 8. Appeal Module:

User can make an appeal against the application which is rejected by the DRA. DRA and view the appeal and take appropriate action .The remarks can be viewed by the User and the DRA on the Permanent registration list page .





Is Clinical Establishment providing any Maternal and Child Health Services?  Yes  No

Monthly Patients diagnosed/deaths reported - Communicable Diseases

S.No.	Category	Diseases	No. of Males	No. of Females	No. of Transgender	Deaths in Males	Deaths in Females	Deaths in Transgender
1.	Respiratory Infections	I. Chickenpox	<input type="text"/>					
		ii. Measles	<input type="text"/>					
		iii. Rubella	<input type="text"/>					
		iv. Mumps	<input type="text"/>					
		v. Influenza	<input type="text"/>					
		vi. Diphtheria	<input type="text"/>					
		vii. Acute respiratory infection	<input type="text"/>					
		viii. SARS	<input type="text"/>					
		ix. Tuberculosis-Pulmonary	<input type="text"/>					
		x. Extra pulmonary TB	<input type="text"/>					
2.	Intestinal Infections	I. Poliomyelitis	<input type="text"/>					
		ii. Viral hepatitis	<input type="text"/>					
		iii. Acute diarrhoeal diseases	<input type="text"/>					
		iv. Cholera	<input type="text"/>					

Fig9.1

## 10. Provisional Registration

### 10.1 Renew application

User will be able to renew their registration form as per given details and requirements, user needs to follow the steps to complete the task.

Page will look like

Apply for New Provisional Registration

Provisional Registration List

Select State  Select District  All Status  Select Expiry In  Search from here...

Show  entries Export CSV

S.No.	Registration No.	Clinical Establishment Name	State	District	Owner Details	Apply Date	Approval Date	Documents	Status	Action
1	F-A385885734	Fortis Hospital	UTTAR PRADESH	Gautam Buddha Nagar	po Test	10-Oct-2023			Pending	View Detail Payment History Pay Now Penalty Details Application History
2	F-700A76298E	FORTIS HOSPITAL	UTTAR PRADESH	Gautam Buddha Nagar	Savan H6UVUY Test	04-Sep-2023		FileName1 FileName5	Pending	View Detail Pay Now Application History
3	F-E979CD04CF	Fortis Hospital	UTTAR PRADESH	Gautam Buddha Nagar	Savan H6UVUY Test	04-Sep-2023			Appealed	View Detail Payment History View Remark Penalty Details





User needs to fill the details in mandatory marks

**Owner Details:**

First Name*	Middle Name	Last Name
RAHUL		JAIN
Address1*	Address2	Village/Town/City*
Noida Sec-62		Dadri
State/UT*	District*	Pin code*
UTTAR PRADESH	Gautam Buddha Nagar	321112
STD code	Telephone	Mobile*
	12323333	1234567890
Fax	E-mail ID*	Website (if any)
	skmeena8502@gmail.com	

Personal in charge fields will look like , user needs to fill the details here

**Person In-charge:**

First Name *	Middle Name	Last Name
Arun		

Medical information fields will look like , user needs to fill the details here

**Medical Qualification:**

Degree:*	Category*	Sub Category*
AYUSH	GRADUATE	B.H.M.S
Registration Number *	Name of Central/State Council (with which registered):*	STD Code
10071990	UTTAR PRADESH	STD Code
Telephone	Mobile*	E-mail ID *
12323333	1234567890	skmeena8502@gmail.com

**Ownership:**

Ownership*	Ownership Of Services (Sub-Category)*
Government / Public Sector	State Government

ownership fields will look like , user needs to fill the details here



**Systems of Medicine:**  
(Please tick whichever is applicable, you can select more than one options)

Allopathy       Ayurveda       Unani       Siddha  
 Homoeopathy       Yoga       Naturopathy       Sowa-Rigpa

**Type of Clinical Services:**  
General

System of medicines will look like , user needs to choose option here

User needs to choose dropdown option here

**Type of Clinical Establishment:**  
(Please tick whichever is applicable, you can select more than one options)

a)  Out Patient       In-Patient

b)

Clinic  
 Poly clinic  
 Dispensary  
 Health Checkup Centre  
 Single clinic

Day Care facility  
 Medical  
 Surgical  
 Medical SPA  
 Wellness centers

Hospitals including Nursing Home  
 Hospital Level 1 a  
 Hospital Level 1 b  
 Hospital Level 2  
 Hospital Level 3 (Non teaching)  
 Hospital Level 3 (Teaching)

Dental Clinics and Dental Hospital       Diagnostic Centre

**Fee Details:**  
\* Renewal Fee is half the amount of Registration Fee

**Selected Fee**  
Selected Option

**Total Fee :**  
56

Type of clinical establishments will available here with option

After selection of files fee will be calculated & will flash in total fee section below

**Is this property managed by others:**  
 YES     NO

**File Upload:**

Registration Certificate of the society/trust/company if applicable:  No file chosen

Registration Certificate from the Council of Doctors/for person-in charge if applicable:  No file chosen

Bio-medical authorization Certificate from SPCB/PCC:  No file chosen

Upload Files (1MB) - Other Supporting Documents if any:  No file chosen

Upload Image (1MB jpeg,jpg,png):  No file chosen

**Declaration:**  
 I hereby declare that the statement above are correct and true to the best of my knowledge and shall abide by all the rules and declarations under the Clinical Establishment (Registration and Regulation) Act-2010. I undertake that I shall intimate to the appropriate registering authority any change in the particular given above.

Here user can choose file by clicking these option and can upload file

Here user needs to click on box in declaration section

After filling details and declaration user can proceed with print preview or renew application here