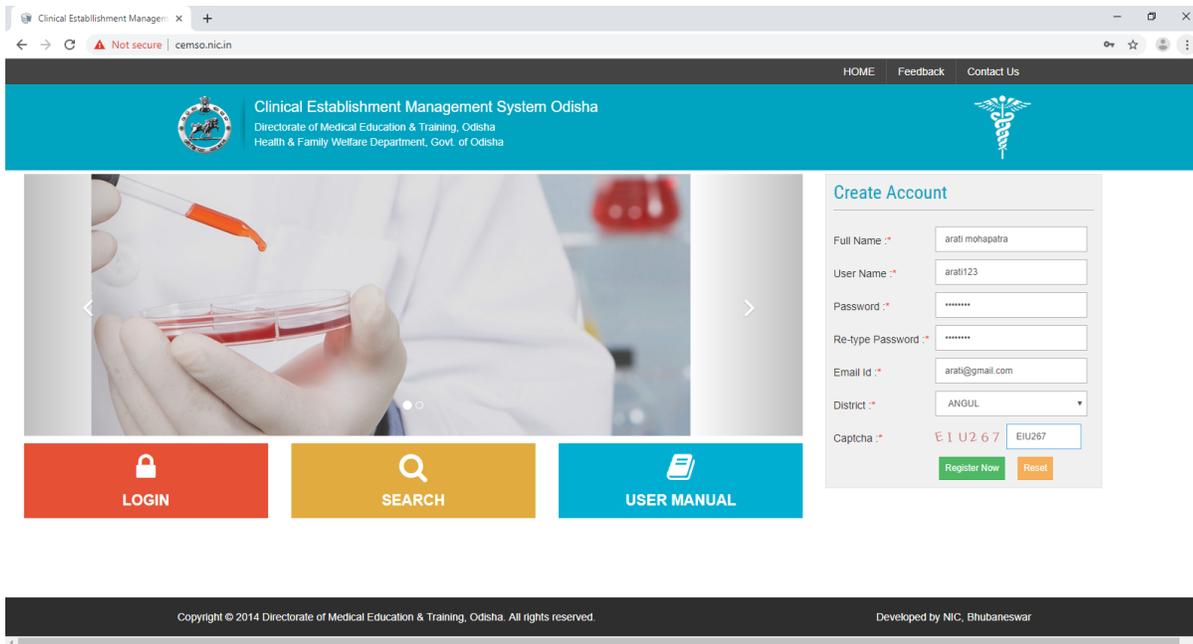
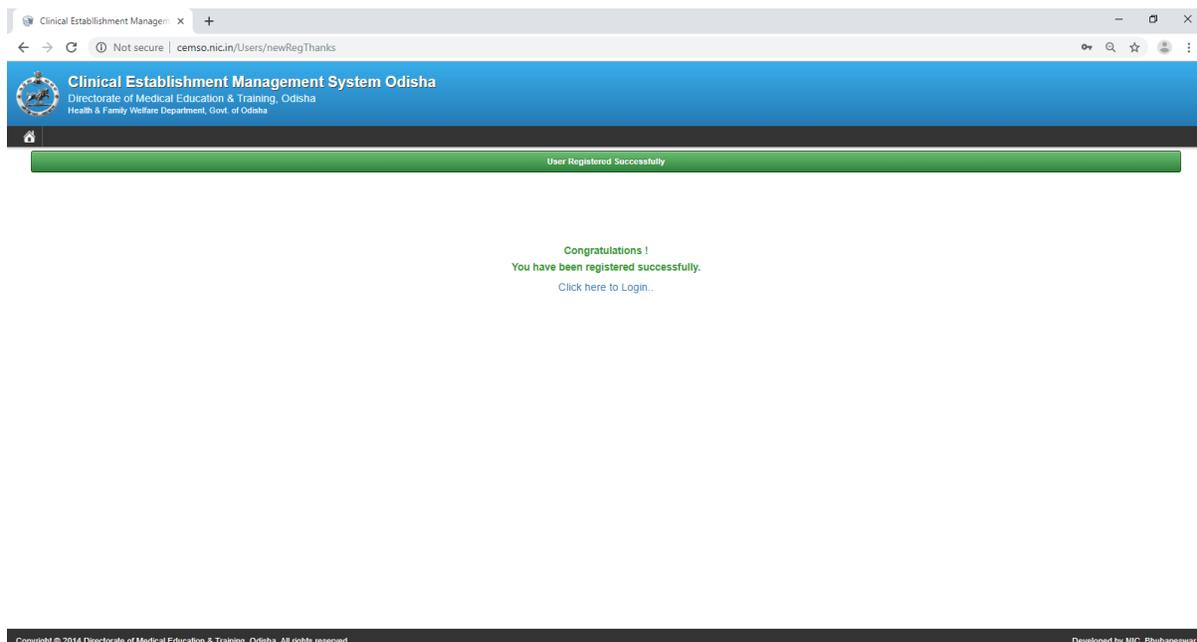


User Manual (For Enterprenure)

1. Open IE or Mozilla Firefox or Google Chrome browser. Type cemso.nic.in in the address bar of the Browser. Press <Enter Key> to open the CEMSO application.
2. Register yourself giving details in **Create Account** Section. Password must be at least 8 Characters in length and must contain at least 1 character from (A-Z), (a-z), (0-9) and special character.



3. You will get the following screen.



4. Login with user id and password created during the registration time.

The screenshot shows a web browser window with the URL `cemsonic.in/Users/login`. The page header includes navigation links for HOME, Feedback, and Contact Us. The main content area features the system logo and name: "Clinical Establishment Management System Odisha, Directorate of Medical Education & Training, Odisha, Health & Family Welfare Department, Govt. of Odisha". The central focus is a login form with the following fields: "User Name:" (containing "arati123"), "Password:" (masked with dots), and "Captcha:" (containing "AJT478"). Below the form are "LOGIN" and "RESET" buttons, and a "Forgot Password?" link. The footer contains copyright information: "Copyright © 2014 Directorate of Medical Education & Training, Odisha. All rights reserved." and "Developed by NIC, Bhubaneswar".

5. Click on **New Application** . This page will be displayed

The screenshot displays the "Application for grant / renewal of certificate of Registration" page. The breadcrumb trail is: Establishment Details > Owner Details > Doctors Details > Paramedics Details > Equipment List > Required Documents > Draft & challan Details. The "Establishment Details" section contains the following form fields: "Application Type" (radio buttons for New and Renewal), "Address", "District" (dropdown), "PIN", "No. of beds", "Name of the Clinical Establishment", "Telephone", "Village/Town/City", "Email", "Mobile", "Area Type" (dropdown), "Establishment Type" (dropdown), and "Population". A "Services" section includes checkboxes for MRI, CT scan, Ultrasound, Endoscopy, and Biochemical and pathological examination. A green "Save" button is located at the bottom right. The footer includes the same copyright and development information as the previous page.

6. Fill up **Establishment Details** and Click on **Save** to save the details

The screenshot shows the 'Establishment Details' form in the Clinical Establishment Management System Odisha. The form is titled 'Application for grant / renewal of certificate of Registration' and includes a navigation menu with 'Establishment Details' selected. The form fields are as follows:

- Application Type:** *New (selected) / Renewal
- Name of the Clinical Establishment:** XYZ clinic
- Telephone:** 2342340
- Address:** bbsr
- Village/Town/City:** bbsr
- Email:** xx@nic.in
- District:** ANGUL
- Mobile:** 9999999999
- Area Type:** Town
- PIN:** 751002
- Establishment Type:** Hospital
- Population:** 10000
- No. of beds:** 10
- Services:** MRI, CT scan, Ultrasound, Endoscopy, Biochemical and pathological examination

A green 'Save' button is located at the bottom right of the form. The footer contains the text: 'Copyright © 2014 Directorate of Medical Education & Training, Odisha. All rights reserved. Developed by NIC, Bhubaneswar'.

7. Fill up **Owner Details**. Click on **Save** to save the details

The screenshot shows the 'Owner Details' form in the Clinical Establishment Management System Odisha. The form is titled 'Application for grant / renewal of certificate of Registration' and includes a navigation menu with 'Owner Details' selected. A red message 'This Application is Incomplete!' is displayed above the menu. The form fields are as follows:

- Full Name:** Mr P sarangi
- Upload your photo:** [Choose File] test.jpg (File Uploaded Successfully)
- Address 1:** bbsr
- Village/Town/City:** bbsr
- District:** KHURDA
- Mobile:** 9999999999
- Telephone:** 2342340
- Email:** xx@nic.in
- PIN:** 751002
- ID Proof:** [Choose File] test.jpg (File Uploaded Successfully)
- Driving License:** [Dropdown menu]
- upload Signature:** [Choose File] test.jpg (File Uploaded Successfully)

A green 'Save' button is located at the bottom right of the form. The footer contains the text: 'Copyright © 2014 Directorate of Medical Education & Training, Odisha. All rights reserved. Developed by NIC, Bhubaneswar'.

8. Fill up **Doctor Details**. Click on **Save** to save the details

Clinical Establishment Management System Odisha
Directorate of Medical Education & Training, Odisha
Health & Family Welfare Department, Govt. of Odisha

Application for grant / renewal of certificate of Registration

This Application is Incomplete!

Establishment Details | **Owner Details** | **Doctors Details** | Paramedics Details | Equipment List | Required Documents | Draft & challan Details

Doctors Details

Serial No.: 1 (Enter person In-Charge details here.)

Government Employee :*	Registration No. :*	Full Name :*	Qualification :*
@NO 12345	12345	m. das	MBBS
Permanent Address :*	Photo :*	Registration Certificate :*	Consent Letter :*
bbsr	<input type="button" value="Choose File"/> test.jpg <small>(Upload only jpg .jpeg .pdf file of max 200 KB size)</small> File Uploaded Successfully	<input type="button" value="Choose File"/> test.jpg <small>(Upload only jpg .jpeg .pdf file of max 200 KB size)</small> File Uploaded Successfully	<input type="button" value="Choose File"/> test.jpg <small>(Upload only jpg .jpeg .pdf file of max 200 KB size)</small> File Uploaded Successfully
Pass Certificate :*			
<input type="button" value="Choose File"/> test.jpg <small>(Upload only jpg .jpeg .pdf file of max 200 KB size)</small> File Uploaded Successfully			

[Add More](#)

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9. Fill up **Paramedics Details**. Click on **Save** to the details

Clinical Establishment Management System Odisha
Directorate of Medical Education & Training, Odisha
Health & Family Welfare Department, Govt. of Odisha

Application for grant / renewal of certificate of Registration

This Application is Incomplete!

Establishment Details | **Owner Details** | **Doctors Details** | **Paramedics Details** | Equipment List | Required Documents | Draft & challan Details

Paramedics Details

Serial No.:	1		
Full Name :*	Qualification *	Post Held :*	Registration/License No *
P Pani	1 selected	Pharmacist	234
Photo *	Consent Letter :*	Permanent Address *	Registration/License Certificate *
<input type="button" value="Choose File"/> test.jpg <small>(Upload only jpg .jpeg .pdf file of max 200 KB size)</small> File Uploaded Successfully	<input type="button" value="Choose File"/> test.jpg <small>(Upload only jpg .jpeg .pdf file of max 200 KB size)</small> File Uploaded Successfully	bbsr	<input type="button" value="Choose File"/> test.jpg <small>(Upload only jpg .jpeg .pdf file of max 200 KB size)</small> File Uploaded Successfully
Pass Certificate *			
<input type="button" value="Choose File"/> test.jpg <small>(Upload only jpg .jpeg .pdf file of max 200 KB size)</small> File Uploaded Successfully			

[Add More](#)

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10. Equipment list is required to be filled up and save

The screenshot shows the 'Clinical Establishment Management System Odisha' interface. The user is logged in as 'A Das, Public'. The navigation menu includes 'DASHBOARD', 'PRICE CALCULATOR', 'CHANGE PASSWORD', 'PREPARE DOCUMENTS', and 'REPORT'. The main content area is titled 'Application for grant / renewal of certificate of Registration' and shows a progress bar with steps: 'Establishment Details', 'Owner Details', 'Doctors Details', 'Paramedics Details', 'Equipment List' (highlighted in red), 'Required Documents', and 'Draft & challan Details'. A red message states 'This Application is Incomplete!'. Below the progress bar, the 'Equipment List' section features a dropdown menu for selecting equipment, a 'No Of Equipment' field, and an 'Add Equipment' button. A table lists the equipment:

#	Equipment Name	No. of Equipment	Action
1	Autoclave	12	Remove
2	Autoclave new model	2	Remove
3	Colormeter	3	Remove

A 'Save' button is located at the bottom right of the table.

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11. Required documents section is required to be filled up and save

The screenshot shows the 'Clinical Establishment Management System Odisha' interface. The user is logged in as 'A Das, Public'. The navigation menu includes 'DASHBOARD', 'PRICE CALCULATOR', 'CHANGE PASSWORD', 'PREPARE DOCUMENTS', and 'REPORT'. The main content area is titled 'Application for grant / renewal of certificate of Registration' and shows a progress bar with steps: 'Establishment Details', 'Owner Details', 'Doctors Details', 'Paramedics Details', 'Equipment List', 'Required Documents' (highlighted in red), and 'Draft & challan Details'. A red message states 'This Application is Incomplete!'. Below the progress bar, the 'Required Documents' section features a dropdown menu for selecting documents, a 'Choose File' button, a 'No file chosen' message, a 'view' button, and an 'Add Document' button. A table lists the required documents:

#	Document Name	Location Map	View	Action
1			View	Remove
2	License / Registration from AERB for X-Ray/ CT Units etc.		View	Remove

A 'Save' button is located at the bottom right of the table.

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12. Draft and Challan details prepared by the applicant will be filled up to complete the application.

Clinical Establishment Management System Odisha
 Directorate of Medical Education & Training, Odisha
 Health & Family Welfare Department, Govt. of Odisha

Application for grant / renewal of certificate of Registration

This Application is Incomplete!

Establishment Details | Owner Details | Doctors Details | Paramedics Details | Equipment List | Required Documents | **Draft & challan Details**

Draft & challan Details

Please specify whether you have Deposited the Amount or Not ?
 Yes already Deposited / Not Deposited Yet

If you have already prepared a Draft/Challan of Rs 80000/-, then please enter the details and click on "Submit the Application to District Office" button. If you have not prepared the challan yet then click on "Not Deposited Yet", then click on "Save the application and Do not submit". Then logout from the system and Prepare a challan/Draft of Rs 80000/- and then come back and fillup the challan/Draft details and click on "Submit the Application to District Office" button.

Services	50000.00
Beds Availability	30000.00
Total	80000.00

Amount to be paid: 80000 Fee Chart

Draft Details : * test123

Date of Deposit: * 01/09/2019

Scan copy of Challan/Draft: * test.jpg

(Upload only jpg, jpeg, pdf file of max 200 KB size)
 File Uploaded Successfully
 I/We hereby declare that all the details furnished above are true to the best of my knowledge and belief.

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13. Application History

Details option will provide all the information provided by the applicant.

Clinical Establishment Management System Odisha
 Directorate of Medical Education & Training, Odisha
 Health & Family Welfare Department, Govt. of Odisha

Application History

#	Name of the Clinical Establishment	Establishment Category	Establishment Type	Application Type	Application Submitted Date	CDMO Inspection Date	CDMO Response	DM Response	Detail of Form	Real View of your Application
1	XYZ clinic	Private	Hospital	New	06/09/2019		not completed		Details	Application View

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14. Application view will generate Form A which can be printed

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