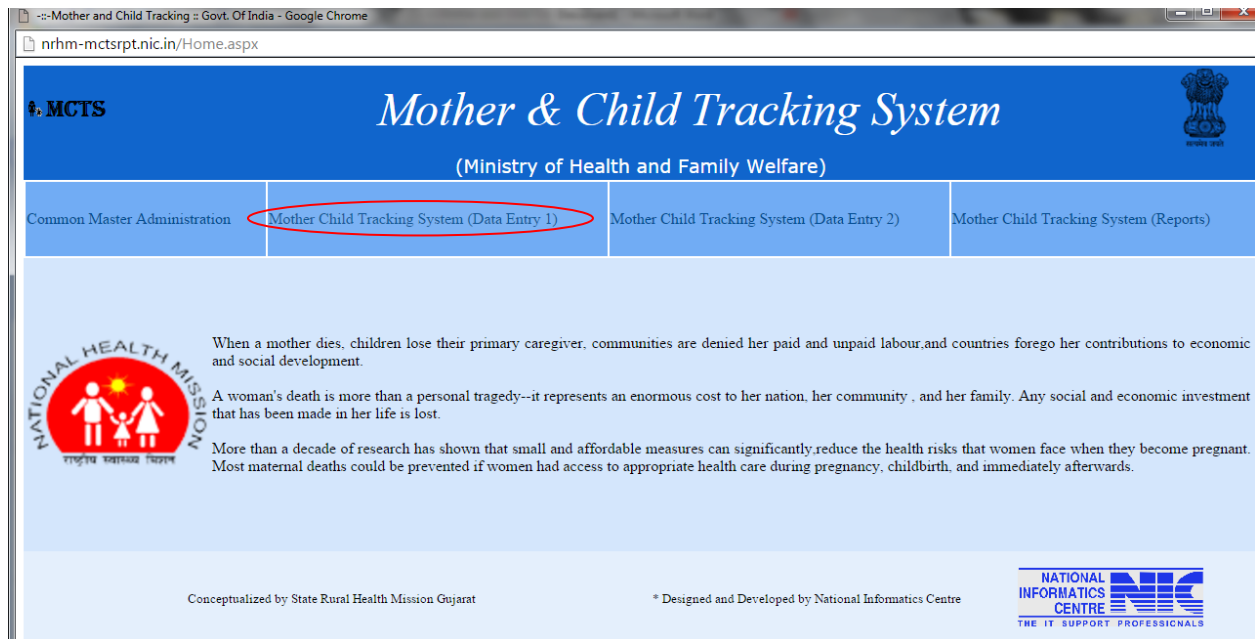


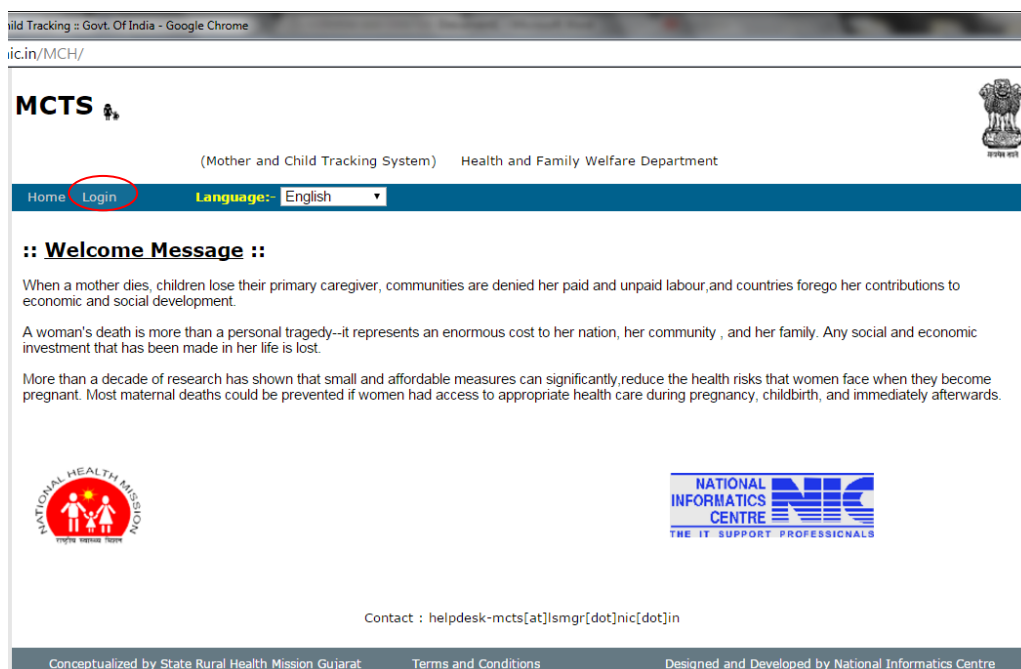
Procedure to Verify Mother Contract number In MCTS portal

Procedure to verify Mother Phone Number :-

Step 1 : Open the browser with www.nrhm-mcts.nic.in then page open




Step 2 : Click Mother Child Tracking System (Data Entry1) or Click Mother Child Tracking System (Data Entry 2) then open the below page





Step 3 : Login with District user ID and Password

Single Sign On - Google Chrome
nrhm-mcts.nic.in/MCH/SSO.aspx



(Mother and Child Tracking System)





login

Please contact NIC State Health Co-ordinator for making any changes in Common Masters or creating additional User IDs for your state

Please send email to helpdesk-mcts[at]ismgr[dot]nic[dot]in giving details of State / District / Health Block / PHC / Sub Center and your UserID for any assistance

Select State
Uttar Pradesh

Username
nrhm-up.ag

Password


Login...

Password needs to be changed within 180 days

Step 4 : After login below page appear , Click open Verification Link


Mother and Child Tracking : Govt. Of India - Google Chrome
nrhm-mcts.nic.in/MCH/Menu.aspx

User Name :- **nrhm-up.ag** User Location :- **District** District :- **Agra**



MCTS Health and Family Welfare Department , Uttar Pradesh

Roles :- Data Entry Operator , District Level User



[Data Entry](#) [Search](#) [Verification](#) [Logout](#)

(Session Timeout : 9:47)

Search

Beneficiary Card Id **Mother / Child Id**


GOI State

News Notification

No Record Found

it 11:39 AM) *** Happy New Year 2016 *** Congratulations to all users of MCTS for registering more than 10 crore



FAQ's

Conceptualized by State Rural Health Mission Gujarat Terms and Conditions Designed and Developed by National Informatics Centre  Sitemap

Step 5 : Click on Report type and then Choose **A: Verification of Mother** , Click Submit Button

nrhm-mcts.nic.in/MCH/Verification/VerificationOption.aspx

User Name :- **nrhm-up.ag** User Location :- **District** District :- **Agra**

 **MCTS** Health and Family Welfare Department , Uttar Pradesh 

Home Data Entry Search Verification **Logout**

-: Verification :-

Report Type :	A. Verification Of Mother	No. of Hits :	0
Submit			

Conceptualized by State Rural Health Mission Gujarat Designed and Developed by National Informatics Centre

Step 6 : Click on **Download Report** then **export the excel** form

Mother & Child Health Care Monitoring System - Google Chrome

nrhm-mcts.nic.in/MCH/Verification/Mother_Verification.aspx

User Name :- **nrhm-up.ag** User Location :- **District** District :- **Agra**

MCTS Health and Family Welfare Department, Uttar Pradesh

Home Data Entry Search Verification Logout

-- PREGNANT WOMAN ENTRY VERIFICATION For State : Uttar Pradesh --

District : **Agra (15)** Health Block : **Achnera (142)** Health Facility : **Acchnera (631)** ANM Name : **---Select-NA---**

Year : **2015-2016** Services Due : **--ALL--** **Download records** Phone No. Of : **Self**

Get records for verification **Get No Reply Records** **Show Verified Records**

Location Details

Mother ID (18 digit) : **Get** Name : **Get** Husband/Father(s) Name : **Get**

Address : **Get** Gram Panchayat/Village : **Get** Caste : **Get**

Phone No. of Whom : **Get** Phone No : **Get** JSY Beneficiary : **Get**

Date of Birth : **Get** Age : **Get** Status : **Get**

Health Provider Details

Name of ANM : **Get** Phone No. of ANM : **Get** Name of ASHA : **Get** Phone No. of ASHA : **Get**

Linked facility for delivery : **Get** Name of Linked facility for delivery : **Get**

ANC Details

LMP Date : **Get** ANC-1 Visit Date : **Get** ANC-2 Visit Date : **Get** ANC-3 Visit Date : **Get**

ANC-4 Visit Date : **Get** TT1 Date : **Get** TT2 Date : **Get** TT Booster Date : **Get**

100 IFA Given Date : **Get** Anemia(HB Level) : **Get** Complications : **Get** RTI/STI : **Get**

Pregnancy Outcome EDD :

Abortion : **Get** Date of Delivery : **Get** Delivery Type : **Get** Complication : **Get**

Place of Delivery : **Get** Type : **Get** Date of Discharge : **Get** JSY Benefits : **Get**

PNC Details

PNC Home Visit : **Get** PNC Complication : **Get** PPC Method : **Get** PNC Checkup : **Get**

Infant Details No. of Outcome :

Child 1 Name : **Get** Child 1 Sex : **Get** Child 1 Weight (kg) : **Get** Breastfeeding (within 1 Hr) : **Get**

Maternal & Child Health Care Monitoring System - Google Chrome

nrhm-mcts.nic.in/MCH/Verification/List_Verification_Record.aspx?pag=mthrvrrec

Export to excel

District : **Agra** Health Block : **Acchnera** Health Facility : **Acchnera** ANM Name : **ALL**

GET ALL RECORDS FOR VERIFICATION (Total record(s) found : 67)

Mother ID (18 digit)	EDD	Phone No.	Name (Husband's Name)	Age	ANC1 Date	ANC2 Date	ANC3 Date	LMP Date	Delivery Date
091506703511500007	21/10/2015	7839775219	kiran(krishnkant)	23	18/04/2015	16/05/2015	03/07/2015	14/01/2015	12/10/2015
091506703511500008	23/09/2015	7839775219	vimlesh(jagan prashad)	24	18/04/2015	16/06/2015	03/07/2015	17/12/2014	17/09/2015
091506703511500009	01/12/2015	7839775219	jagveeri(neeraj)	26	20/05/2015	17/06/2015	19/08/2015	24/02/2015	01/10/2015
091506703511500010	20/10/2015	7839775219	hemlata(sumendra)	22	15/04/2015	20/05/2015	16/09/2015	13/01/2015	15/10/2015
091506703511500011	04/11/2015	7839775219	SAPNA(shivshankar)	24	16/05/2015	17/06/2015	16/09/2015	28/01/2015	
091506703511500012	05/12/2015	7839775219	neha(ajendra)	24	20/05/2015	17/06/2015	16/09/2015	28/02/2015	
091506703511500013	22/10/2015	7839775219	veenita(banwari)	24	16/05/2015	20/06/2015	16/09/2015	15/01/2015	31/10/2015
091506703511500014	01/11/2015	7839775219	rupesh(satyveer)	28	16/05/2015	20/06/2015	16/09/2015	25/01/2015	
091506703511500015	08/09/2015	7839775219	poonam(dheera)	25	16/05/2015	20/06/2015	04/07/2015	02/12/2014	10/09/2015
091506703511500016	11/11/2015	7839775219	omshri(omendra)	24	06/05/2015	03/06/2015	12/09/2015	04/02/2015	14/11/2015
091506703511500017	17/09/2015	7839775219	SARVESH(maharaj)	24	09/05/2015	03/06/2015	05/08/2015	11/12/2014	
091506703511500018	18/09/2015	7839775219	SAROJ(heta)	26	02/05/2015	06/06/2015	01/08/2015	12/12/2014	
091506703511500019	24/09/2015	7839775219	SUSHILA(omit)	25	02/05/2015	06/06/2015	12/09/2015	18/12/2014	04/09/2015
091506703511500020	02/11/2015	7839775219	bhawana(DEEPAK)	24	02/05/2015	06/06/2015	12/09/2015	26/01/2015	05/10/2015
091506703511500021	22/06/2015	7839775250	rihana(SHAKIL)	24	09/04/2015			15/09/2014	
091506703511500022	03/12/2015	7839775219	SEENA(AMAR SINGH)	21	06/05/2015			26/02/2015	
091506703511500023	10/09/2015	7839775219	suman(bhupendra)	25	04/04/2015	09/05/2015	04/07/2015	04/12/2014	
091506703511500024	13/11/2015	7839775219	GUDIYA(SONU)	26	09/05/2015	13/06/2015	07/09/2015	06/02/2015	06/11/2015
091506703511500025	19/09/2015	7839775219	rajkumari(pawan)	25	09/05/2015	13/06/2015	04/07/2015	13/12/2014	
091506703511500026	14/06/2015	7839775219	VARSHA(indrapal)	22	04/04/2015	09/05/2015	13/06/2015	07/09/2014	17/06/2015

Step 7 After that you can Copy the mother ID from the downloaded file and past the **mother ID field** and then Click **Get**. All the data fill automatically and then call the mother given number and fill the appropriate details in yellow area

nrhm-mcts.nic.in/MCH/Verification/Mother_Verification.aspx

MCTS Health and Family Welfare Department, Uttar Pradesh

Home Data Entry Search Verification Logout

:- PREGNANT WOMAN ENTRY VERIFICATION For State : Uttar Pradesh :-

District : Agra (15) Health Block : Achnera (142) Health Facility : Achnera (631) ANM Name : ---Select-NA---
 Year : 2015-2016 Services Due : --ALL-- Download records Phone No. Of : Self

Get records for verification Get No Reply Records Show Verified Records

Location Details District : Agra Health Block : Achnera Health Facility : Achnera SubFacility : Kukthla (Update Date : 06/11/2015)

Mother ID (18 digit) : 091506703511501 Get Name : kiran Husband/Father(s) Name : krishnkant
 Address : bhilawti Gram Panchayat /Village : Caste :
 Phone No. of Whom : Self Phone No : 7839775219 JSY Beneficiary : Yes
 Date of Birth : 01/01/1992 Age : 23 Status : Active

Health Provider Details

Name of ANM : Suman Phone No. of ANM : 7839775219 Name of ASHA : Ratan Devi Phone No. of ASHA : 7839776177
 Linked facility for delivery : Name of Linked facility for delivery :

ANC Details

LMP Date : 14/01/2015 ANC-1 Visit Date : 18/04/2015 ANC-2 Visit Date : 16/05/2015 ANC-3 Visit Date : 03/07/2015
 ANC-4 Visit Date : 16/09/2015 TT1 Date : 18/04/2015 TT2 Date : 16/05/2015 TT Booster Date :
 100 IFA Given Date : 18/04/2015 Anemia(HB Level) : Moderate<11 Complications : None RTI/STI : No

Pregnancy Outcome EDD : 21/10/2015

Abortion : None Date of Delivery : 12/10/2015 Delivery Type : Complication :
 Place of Delivery : Type : Date of Discharge : JSY Benefits :

PNC Details

PNC Home Visit : Within 7 days PNC Complication : None PPC Method : None PNC Checkup : Yes

Infant Details No. of Outcome : 0

Child 1 Name : Child 1 Sex : Child 1 Weight (kg) : Breastfeeding (within 1 Hr) :
 Child 2 Name : Child 2 Sex : Child 2 Weight (kg) : Breastfeeding (within 1 Hr) :

Call Answered : Yes No Remark :
 Correct Self Phone No. : Yes No

Next Record Clear