



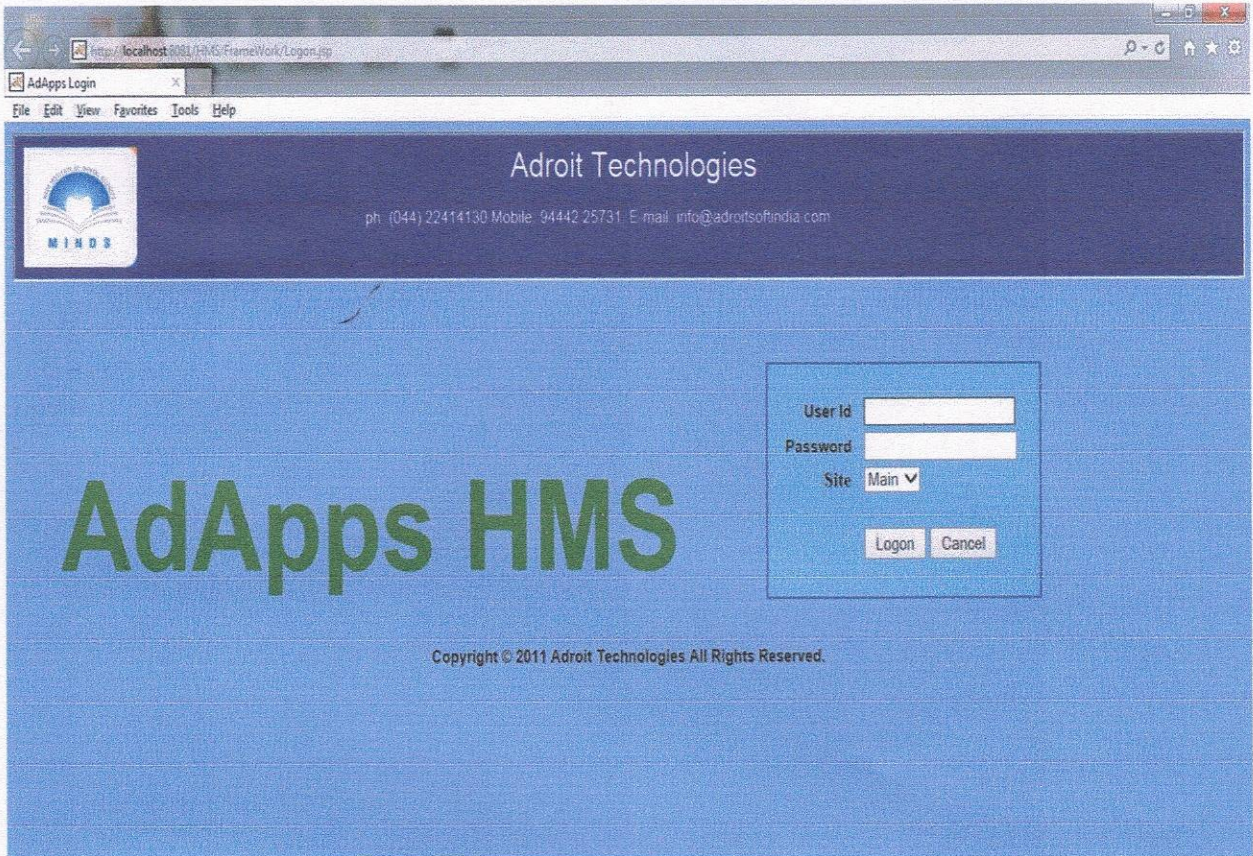
MAHE INSTITUTE OF DENTAL SCIENCES & HOSPITAL

Affiliated to Pondicherry Central University, Recognized by Dental Council of India

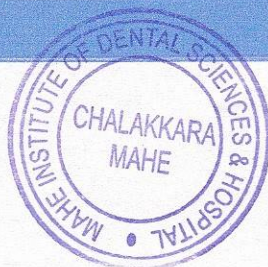
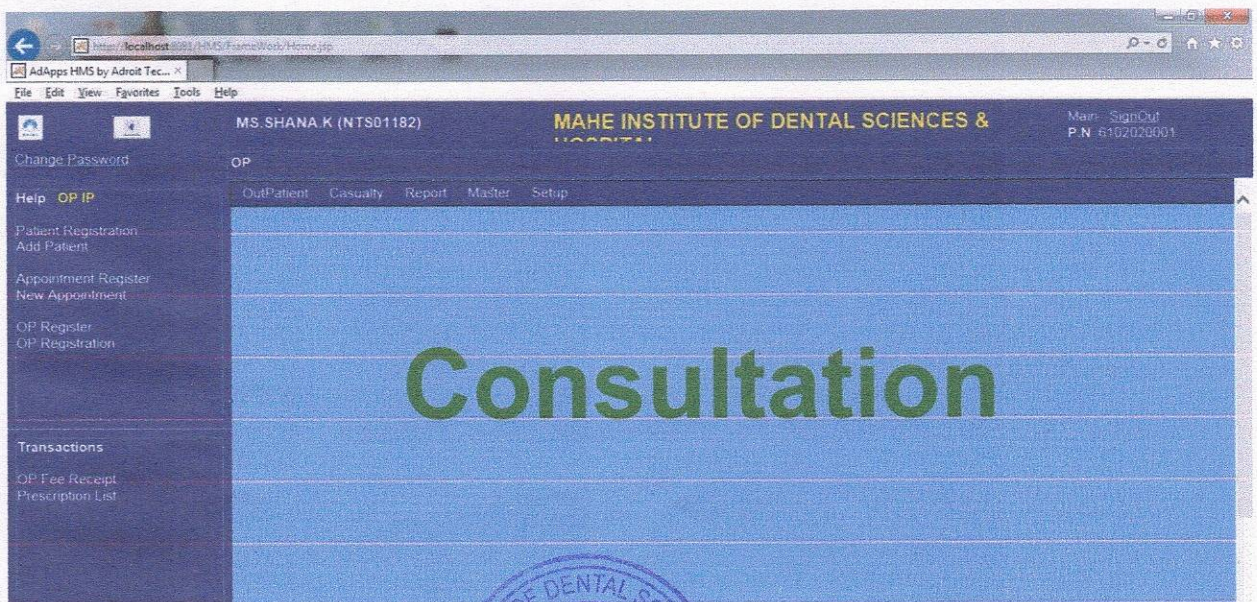
Chalakkara, P.O. Pallor, Mahe-673 310

U.T. of Puducherry. Ph : 0490 2337765

HMS LOGIN PAGE



HMS OUT PATIENT REGISTRATION



Principal
Mahe Institute of Dental Sciences & Hospital
MAHE



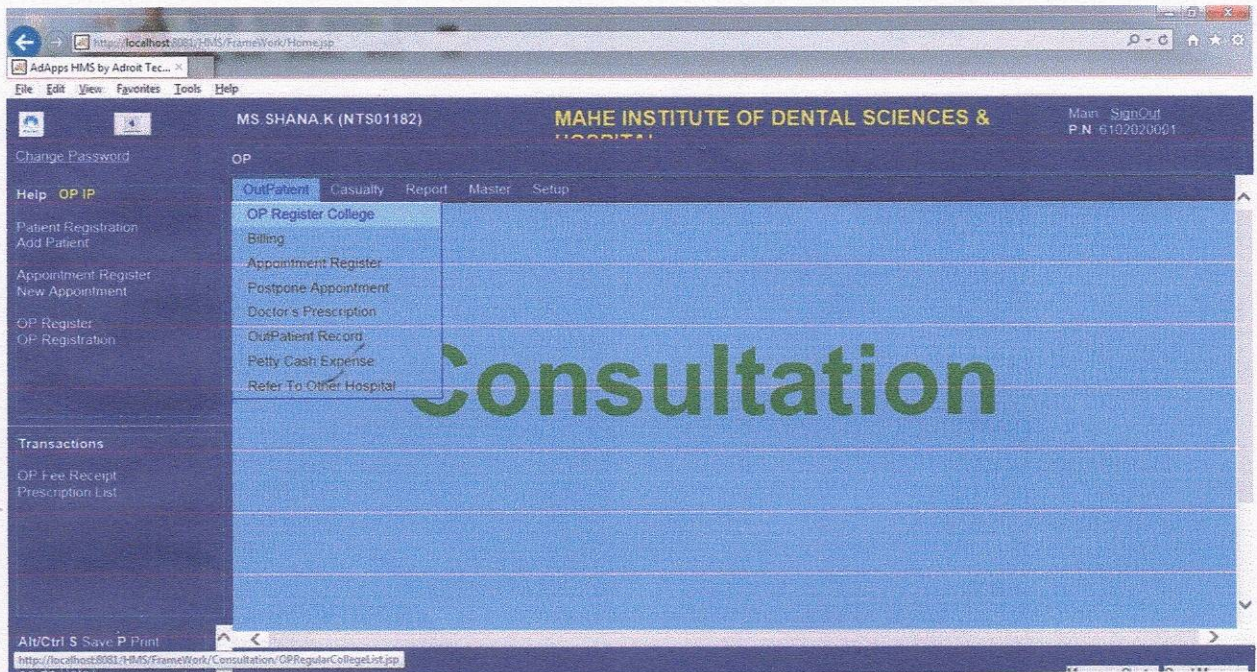
MAHE INSTITUTE OF DENTAL SCIENCES & HOSPITAL

Affiliated to Pondicherry Central University, Recognized by Dental Council of India

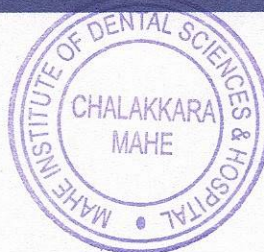
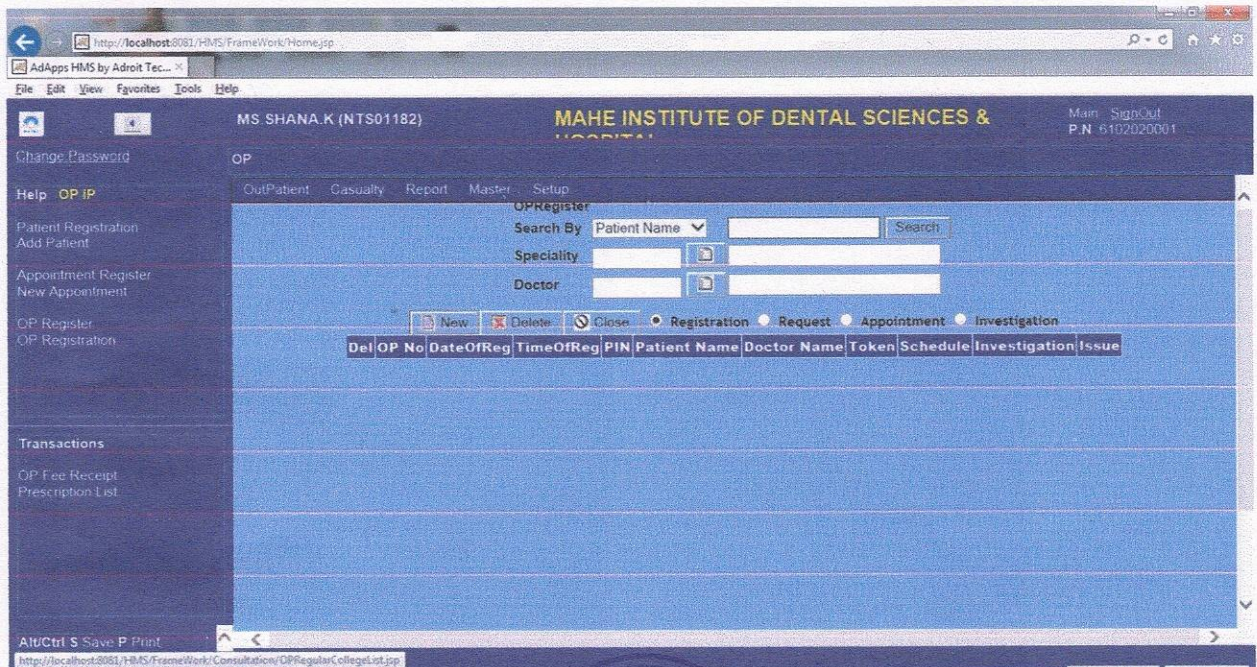
Chalakkara, P.O. Pallor, Mahe-673 310

U.T. of Puducherry. Ph : 0490 2337765

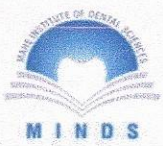
HMS OUT PATIENT REGISTRATION - APPOINTMENT



HMS OUT PATIENT REGISTRATION - APPOINTMENT



Principal
Mahe Institute of Dental Sciences & Hospital
MAHE



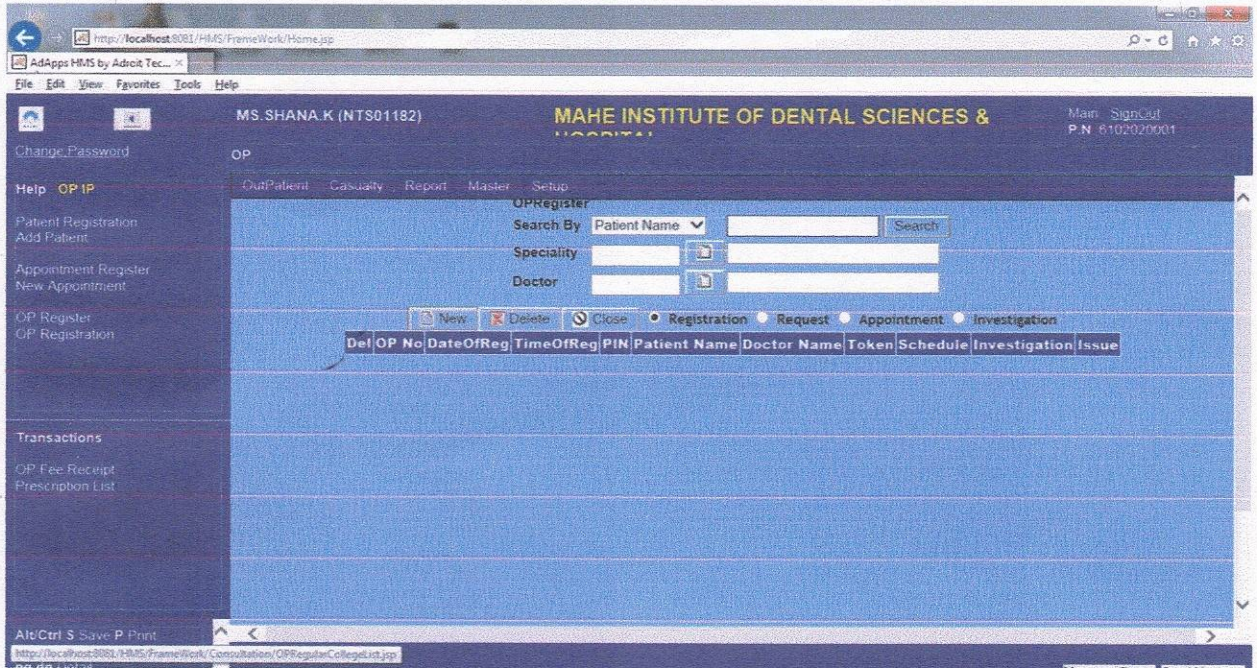
MAHE INSTITUTE OF DENTAL SCIENCES & HOSPITAL

Affiliated to Pondicherry Central University, Recognized by Dental Council of India

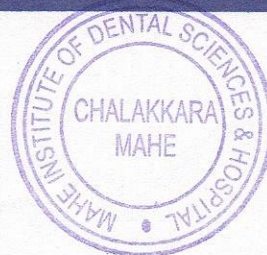
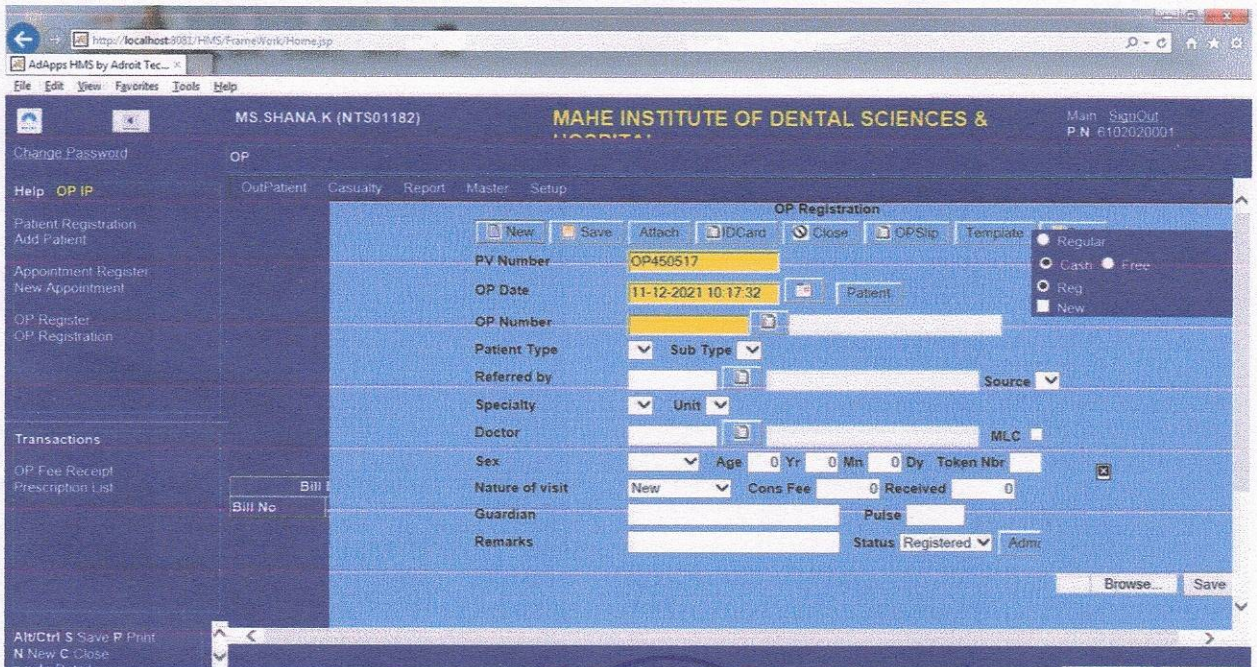
Chalakkara, P.O. Pallor, Mahe-673 310

U.T. of Puducherry. Ph : 0490 2337765

PAGE TO ENTER PATIENT DETAILS



ENTERING OP NUMBER AND DETAILS FOR PATIENTS



Principal
Mahe Institute of Dental Sciences & Hospital
MAHE



MAHE INSTITUTE OF DENTAL SCIENCES & HOSPITAL

Affiliated to Pondicherry Central University, Recognized by Dental Council of India

Chalakkara, P.O. Pallor, Mahe-673 310

U.T. of Puducherry. Ph : 0490 2337765

ENTRY OF ADDRESS AND DETAILS

Save Add Close IDCard Cancel

PIN: 2043221 DOR: 11-12-2021 Name: Miss AYSHAKV

Sex: Female Age: 76 Date of Birth: []

Phone: [] Mobile: 9061707699 Source: General Sub Source: General

Other Type: []

Address: MUBARAK MANZIL PANDUR Email: []

Postal Code: [] Married Status: Single

Locality: [] City: []

District: [] State: [] Country: []

Father: [] Husband: [] Mother: []

BloodGroup: [] Religion: [] Passport No: []

Spouse: []

Select appropriate record from matched records OR press Add button

PIN	Name	DOB	Father	Husband	Phone	Email id	Address
-----	------	-----	--------	---------	-------	----------	---------

10:18 AM 12/11/2021

OP NUMBER GENERATION AFTER ENTRY OF DETAILS

OP Number : [] Registration Date : []

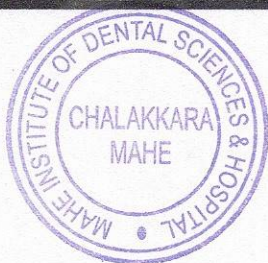
Patient Name : []

Age/Gender : Yr /F

Mobile No : []

CARD VALID UPTO 1 YEAR

10:19 AM 12/11/2021



Principal
Mahe Institute of Dental Sciences & Hospital
MAHE