

HOW TO UPDATE YOUR HEALTH CARD DETAILS FOR SMART CARD

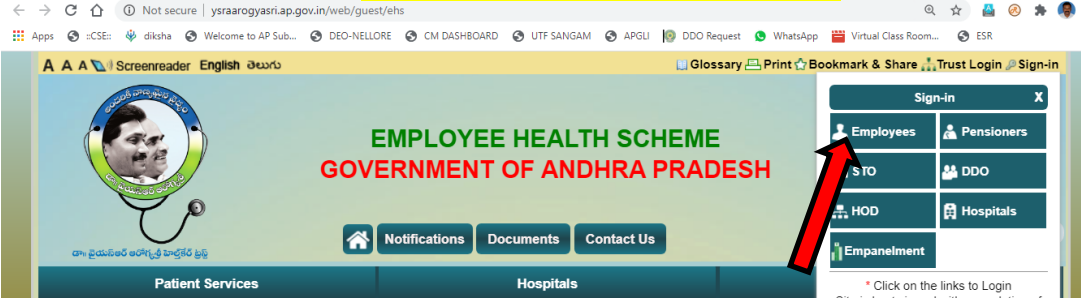
LOGIN TO PORTAL WITH THE FOLLOWING ADDRESS

<http://www.ysraarogyasri.ap.gov.in/web/guest/ehs>

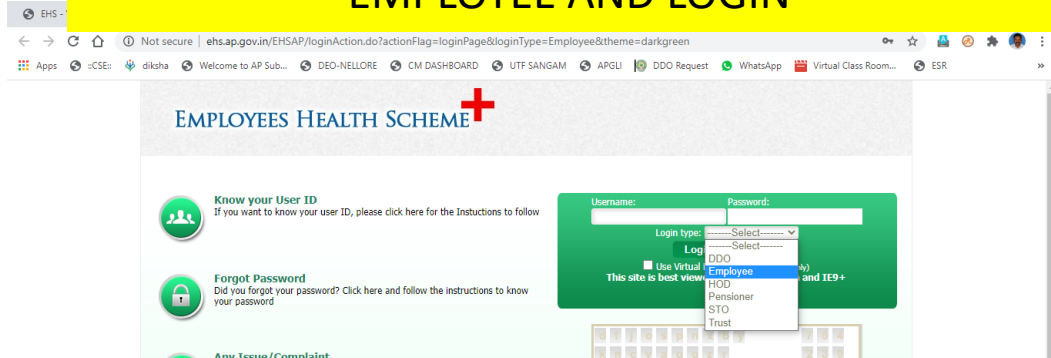
CLICK ON SIGN IN



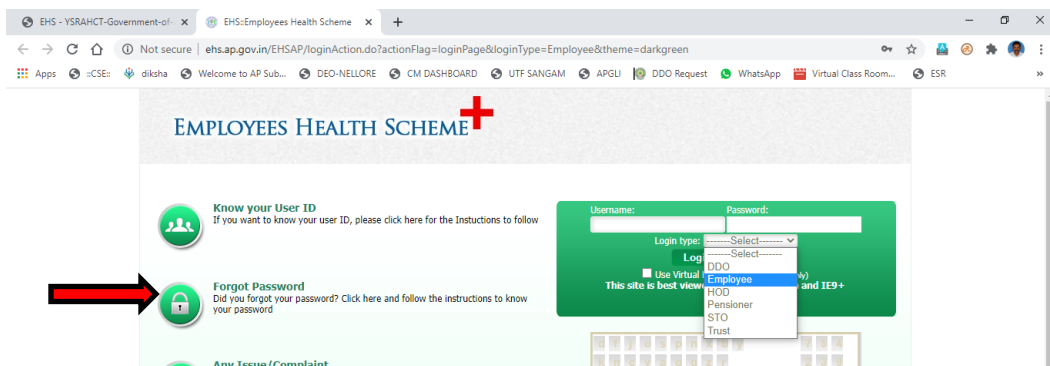
SELECT EMPLOYEES



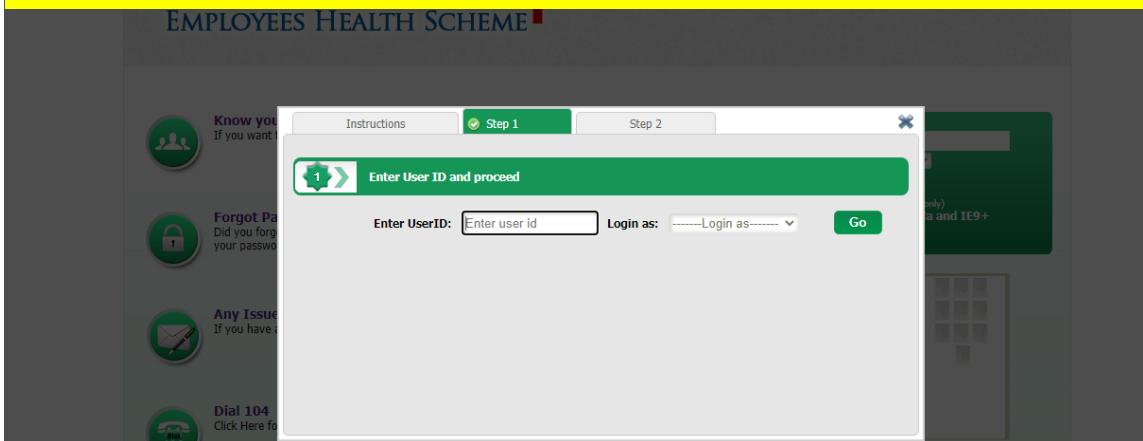
TYPE USERNAME AND PASSWORD, SELECT EMPLOYEE AND LOGIN



IF YOU DON'T KNOW PASSWORD CLICK ON FORGOT PASSWORD



TYPE YOUR TREASURY ID SELECT EMPLOYEE THEN CLIK ON GO



A NEW PASSWORD WILL BE SENT TO YOUR PHONE AND MAIL. THEN CLICK ON SIGN IN AGAIN. LOGIN WITH NEW PASSWORD. IT WILL ASK FOR TO SET NEW PASSWORD. THEN RESET YOUR PASSWORD WITH 8 LETTERS

STATE GOVERNMENT EMPLOYEES HEALTH SCHEME + Welcome : MR/MSSANDIREDDY NAGAMALLIKARJUNA Designation : Employee

Registrations

- INITIATE HEALTH CARD
- Initiate New/Rejected Beneficiaries
- DOWNLOAD HEALTH CARD**
- ANY ISSUE OR COMPLAINT

MR/MSSANDIREDDY NAGAMALLIKARJUNA
Welcome To Employees Health Scheme

Basic Information - Employee Type: Employee

Contact Information +

Work Details +

Health Card Status +

Message

"Employees Health Scheme is intended to provide cashless treatment to all the State Government employees including the State Government pensioners, along with their dependent family members through a network of empanelled hospitals of Dr. YSR Aarogyasri Health Care Trust."

KNOWLEDGE CENTRE
Dial 104
Click Here for 104 Services

Help Desk
104 Services
Find Nearest
Know more About

CLICK ON DOWNLOAD HEALTH CARD

Employees Health Scheme
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STATE GOVERNMENT EMPLOYEES HEALTH SCHEME + Welcome : MR/MSSANDIREDDY NAGAMALLIKARJUNA Designation : Employee

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Download Health Card

Your application has to be approved for downloading health card. [Click Here](#) to download health card

CLICK ON CLICK HERE WHICH IS IN BLUE

Message

"Employees Health Scheme is intended to provide cashless treatment to all the State Government employees including the State Government pensioners, along with their dependent family members through a network of empanelled hospitals of Dr. YSR Aarogyasri Health Care Trust."

KNOWLEDGE CENTRE

Dial 104

Click Here for 104 Services

Employees Health Scheme
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STATE GOVERNMENT EMPLOYEES HEALTH SCHEME + Welcome : MR/MSSANDIREDDY NAGAMALLIKARJUNA Designation : Employee

Registrations

Download Health Card

Name	Relation	Status
SANDIREDDY NAGAMALLIKARJUNA	Self	Telugu/English(View Card)

Government of Andhra Pradesh
Employees Health Scheme

HEALTH CARD
SE0005433/01

SANDIREDDY NAGAMALLIKARJUNA,
Male
DOB : 01/06/1976, Self

Address : 2123-14-4
RAMAKRISHNA NAGAR, BUCHIREDDIPALE
M.,
BUCHIREDDIPALEM, NELLORE District

Employee : SANDIREDDY
NAGAMALLIKARJUNA
Employee ID No. : 0822701

Note:

- The final allocation of Employees among Two States is awaited.
- The present allocation is based on DDO of the district and based on G.O.Ms.Nos. 241, 242 and 243 of General Administration (SR) Department; dated: 01.06.2014.
- Any Grievance of the employees on allocation to the state mail to be sent to ap_ehf@ysraarogyasri.ap.gov.in with necessary evidences if any.

Issued By
Collector & District Magistrate,
Nellore District

[Edit Card Details](#) [Save as PDF](#) [Print](#)

CLICK ON EDIT CARD DETAILS

STATE GOVERNMENT EMPLOYEES HEALTH SCHEME+ Welcome : MR/MSSANDIREDDY NAGAMALLIKARJUNA Designation : Employee


Registrations

Update card details

Enroll ID	Name	Gender	Relationship	HealthCard Status	Edit	Delete
EHF4215170		F	Daughter	Health card generated	Edit	Remove
EHF4215168		M	Son	Health card generated	Edit	Remove
EHF4215099		F	Wife	Health card generated	Edit	Remove
EHF250890		SANDIREDDY NAGAMALLIKARJUNA	M	Self	Health card generated	Edit

CLICK ON EDIT

Update details

Name :	SANDIREDDY NAGAMALLIKARJ		
Gender :	<input checked="" type="radio"/> Male <input type="radio"/> Female		
Mobile Number :	9440451283		
Blood Group* :	O+ve		
Relationship* :	Self		
House No* :	Street No* :		
2123-14-4	RAMAKRISHNA NAGAR	NOTE : If the photo appearing in the card is not correct, please upload a photo.	
State* :	District* :	Health card Photo :	
Andhra Pradesh	NELLORE	Choose File No file chosen	
Mandal/Municipality* :	Mandals/Municipalities Name* :	Villages/Cities/Towns* :	
Mandal	BUCHIREDDIPALEM	BUCHIREDDIPALEM	
Department/Enter Parent department details)* :	SCHOOL EDUCATION		
Designation* :	SCHOOL ASSISTANT(SOCIAL S		

Submit Reset Close

FILL BLOOD GROUP, ADDRESS DETAILS(IF ANY CHANGE) DEPARTMENT DETAILS AND DESIGNATION. YOU CAN UPLOAD NEW PHOTO BY SELECTING CHOOSE FILE. FINALLY CLICK ON SUBMIT BUTTON. NO NEED TO ENTER ADDRESS, DEPARTMENT DETAILS FOR DEPENDENTS. BLOOD GROUP DETAILS AND PHOTO MAY BE CHANGED(IF YOU WISH)