

ADRMS

(Adverse Drugs Reaction Monitoring System)

By Indian pharmacopoeia commission (IPC), ministry of Health & Family Welfare, Govt.of India

ACCOUNT TYPE IS PROGRAMME COORDINATOR

INDEX

Topic Name	Page Number
1. How to Sign In	2
2. Programme Coordinator home page.....	4
3. Profile	6
4. Report issue	26
5. AMC application	32
6. MDMC application.....	44
7. Add Institute request	56
8. How to Sign Out	63

1. How to Sign In

Step 1: Enter **Username** or **Mobile no.** and **Password**. Click on **Sign in**. Programme Coordinator home page will open.

The image shows a side-by-side comparison of the sign-in process and the resulting home page. On the left, the 'Sign in' form is shown with fields for 'Username/ Mobile no.' and 'Password', a 'Remember me on this device' checkbox, and a 'Sign in' button highlighted with a red box and an arrow labeled 'Click here'. Below the form are links for 'Sign up here' and reporting without an account. On the right, the 'Programme Coordinator Home Page' is shown, featuring a teal header with the ADAMS logo and 'Indian Pharmacopoeia Commission', a user profile for 'Yashoda Walase PROGRAMME COORDINATOR', a 'Home' button, and a 'Dashboard' section with three main buttons: 'AMC Application', 'MDMC Application', and 'Add Institute Request'.

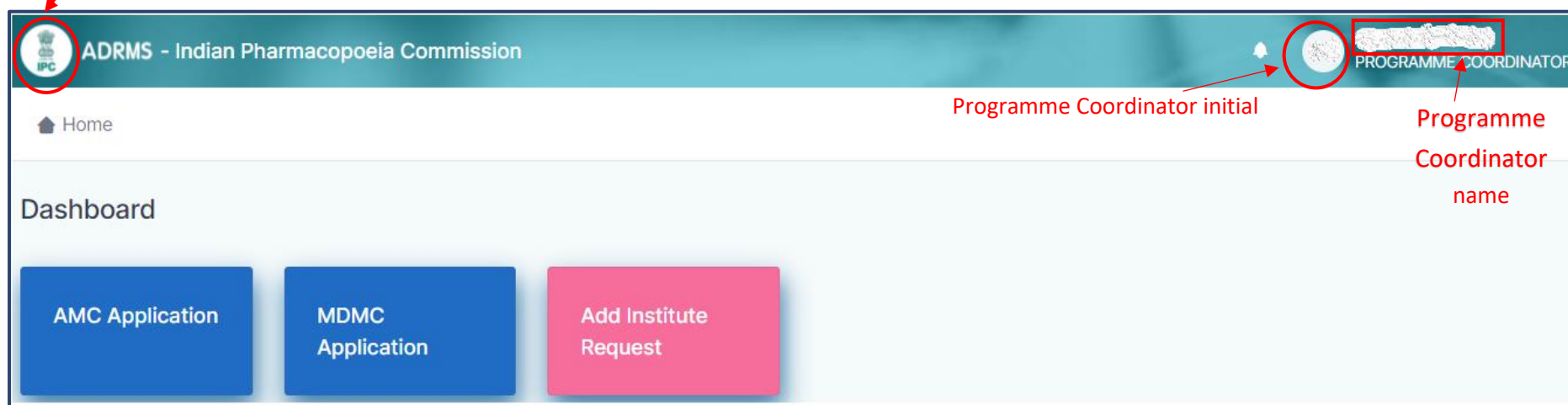
2. Programme Coordinator Home Page

This is Home Page of Programme Coordinator. By using this Page we can see and edit Profile of Programme Coordinator, can see already submitted list of report issue and also submit new Report issue.

Dashboard AMC and MDMC both are the application form which can be edit and save. Programme Coordinator can Add Institute Request.

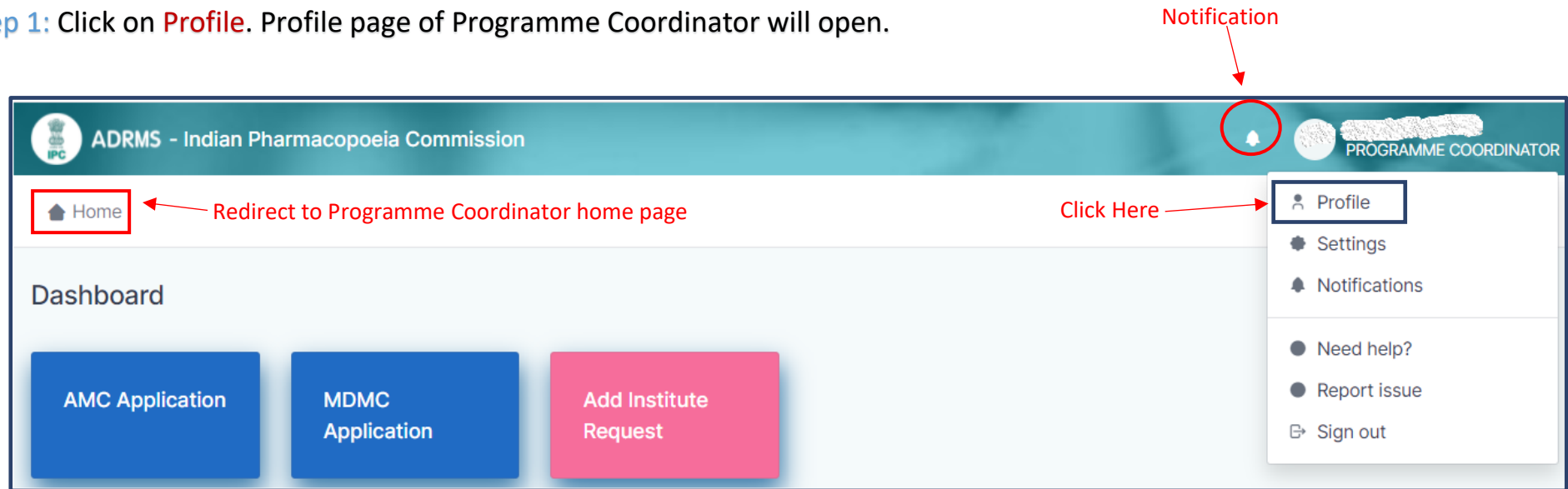
URL: <https://adrmsipc.in/adrms/dashboard.html>

ADRMS IPC Clickable Logo

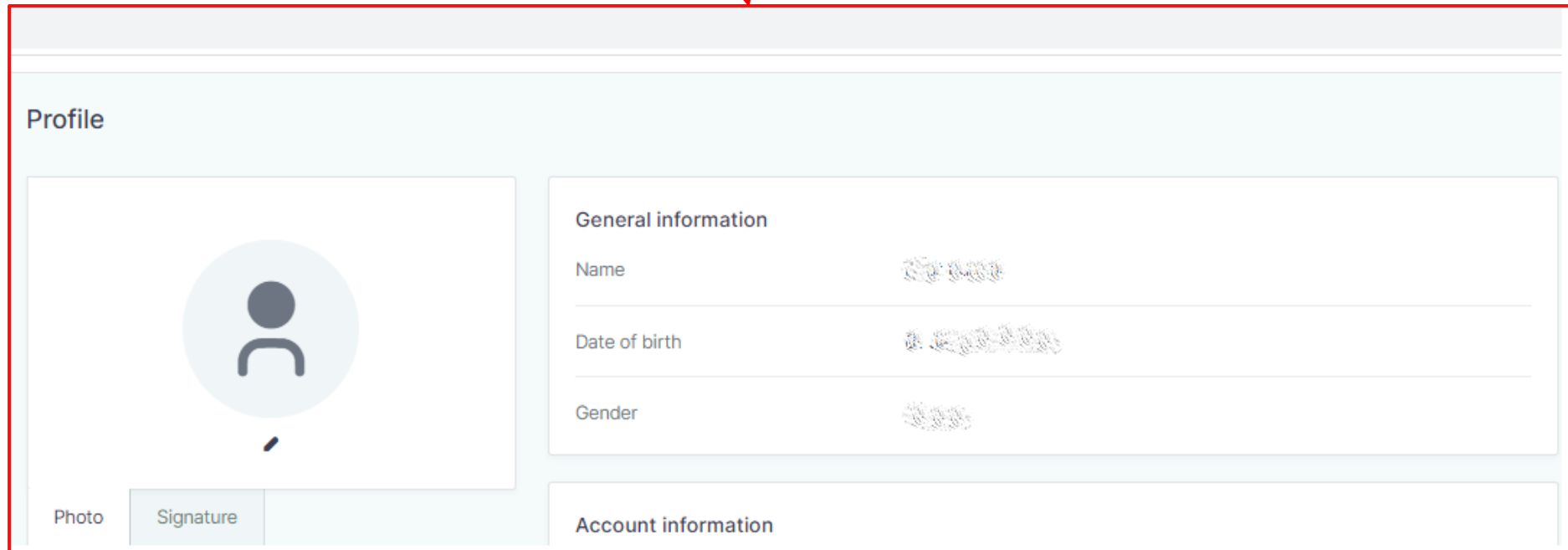


3. Profile

Step 1: Click on **Profile**. Profile page of Programme Coordinator will open.






Profile page of Healthcare Professional



Programme Coordinator can upload Photo and signature. In profile shown all information which is enter at the time of Sign Up.

General information contains a name, date of birth and gender of Programme Coordinator.


In **“Fact”** there is a Record of account like account created date, last sign in date and last password changed date.


Photo	Signature
<p>Facts</p> <p>Account created ↳ Wed, 18 Aug 2021 10:45:58 IST</p> <p>Last sign in ↳ Mon, 13 Sep 2021 12:16:45 IST</p> <p>Password last changed ↳</p>	
<p>Account information</p> <p>Account type: Programme Coordinator</p> <hr/> <p>Username: [Redacted]</p> <hr/> <p>Password: [Redacted] </p>	
<p>Contact information</p> <p>Email address: [Redacted] </p> <hr/> <p>Mobile no.: [Redacted] </p>	


Account information contains account type, username and password. Here password can be edit.

Contact information email address, mobile number all fields can edit.



Professional information


Designation 

Qualification 

Total experience 

Aadhaar information

Aadhaar no.  

Designed, Developed & Maintained by C-DAC  .

WHODRUG VERSION: GLOBALC3MAR21 MEDDRA VERSION: 24.0

Professional information contains Designation, qualification, Total experience. Here we can edit all fields.

Aadhaar information contains of only one field and that is Aadhaar no. and it can be edit.

A. Change Account Information

I. Change Password

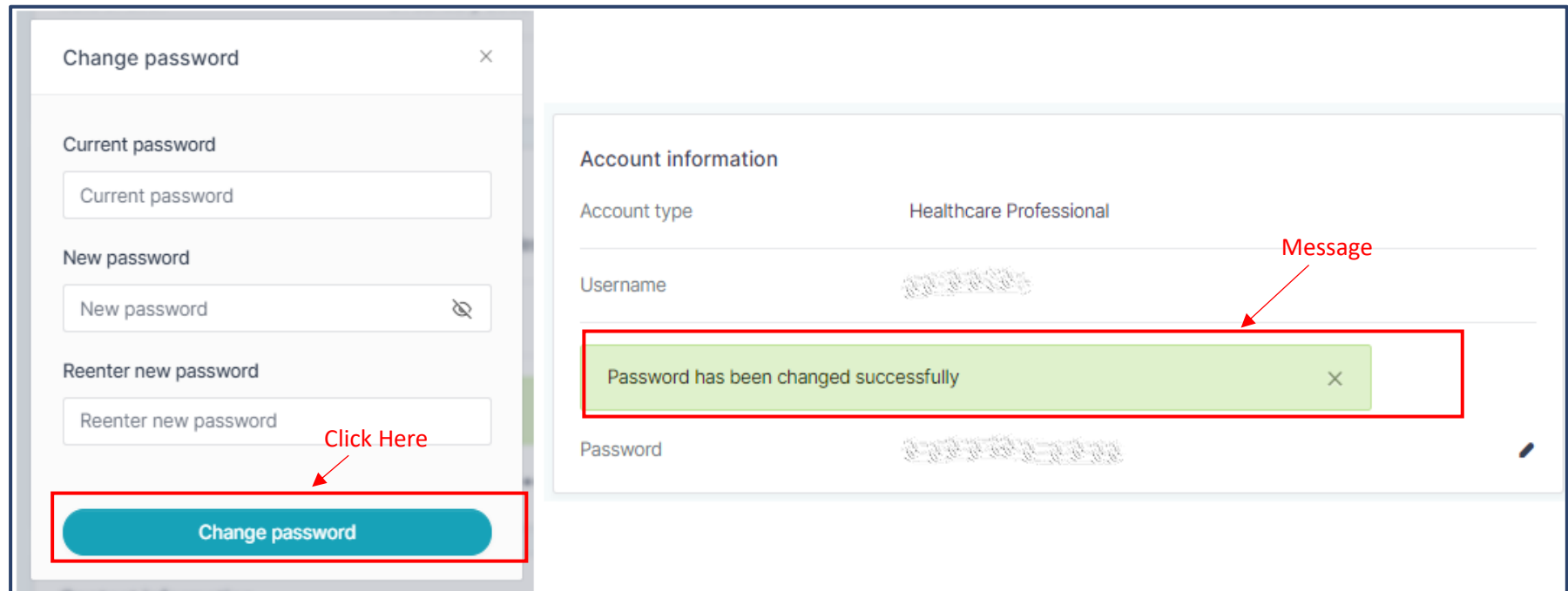
Step 1: Click on **edit password link**. A pop-up window will appear.

The image shows a user interface with two main components. On the left is a form titled 'Account information' with three rows: 'Account type', 'Username', and 'Password', each with a masked input field. On the right is a 'Change password' pop-up window. The pop-up window has a title bar with a close button (X) and contains three input fields: 'Current password', 'New password', and 'Reenter new password'. A teal 'Change password' button is at the bottom. A red circle highlights a small pencil icon in the bottom right corner of the 'Account information' form, with a red arrow pointing to it and the text 'Click Here'. Another red arrow points from the text 'Pop-up window' to the top right corner of the pop-up window.

In change password write current password, new password and again reenter new password.

Condition Of new password: New password must be 8-20 characters long, contain at least one lowercase letter, one uppercase letter, one number and one special character (~!@#%^&*()_+?:), and must be different from your previous passwords.

Step 2: Click on **Change password**. On profile page message will appear for password changed successfully.

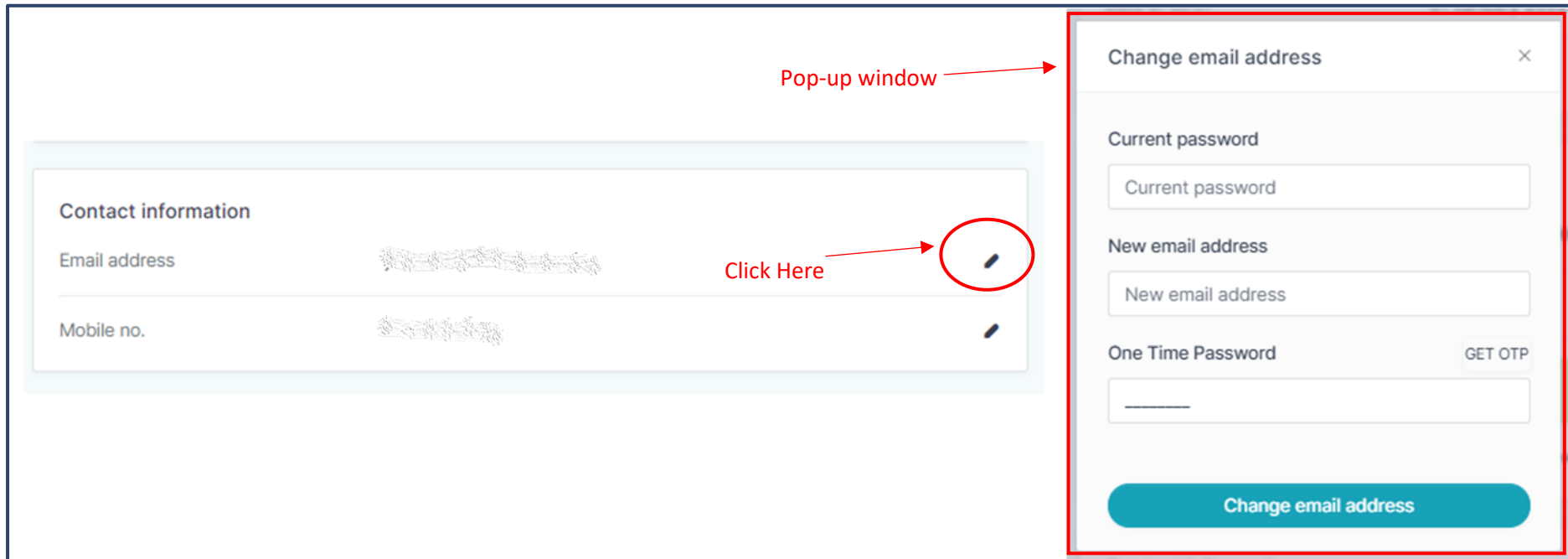


B. Change Contact Information

I. Change Email address

Step 1: Click on **edit Email address link**. A pop-up window will appear.

Fill the current password,new email address and OTP(One Time Password)which is send by ADRMS after click on GET OTP.

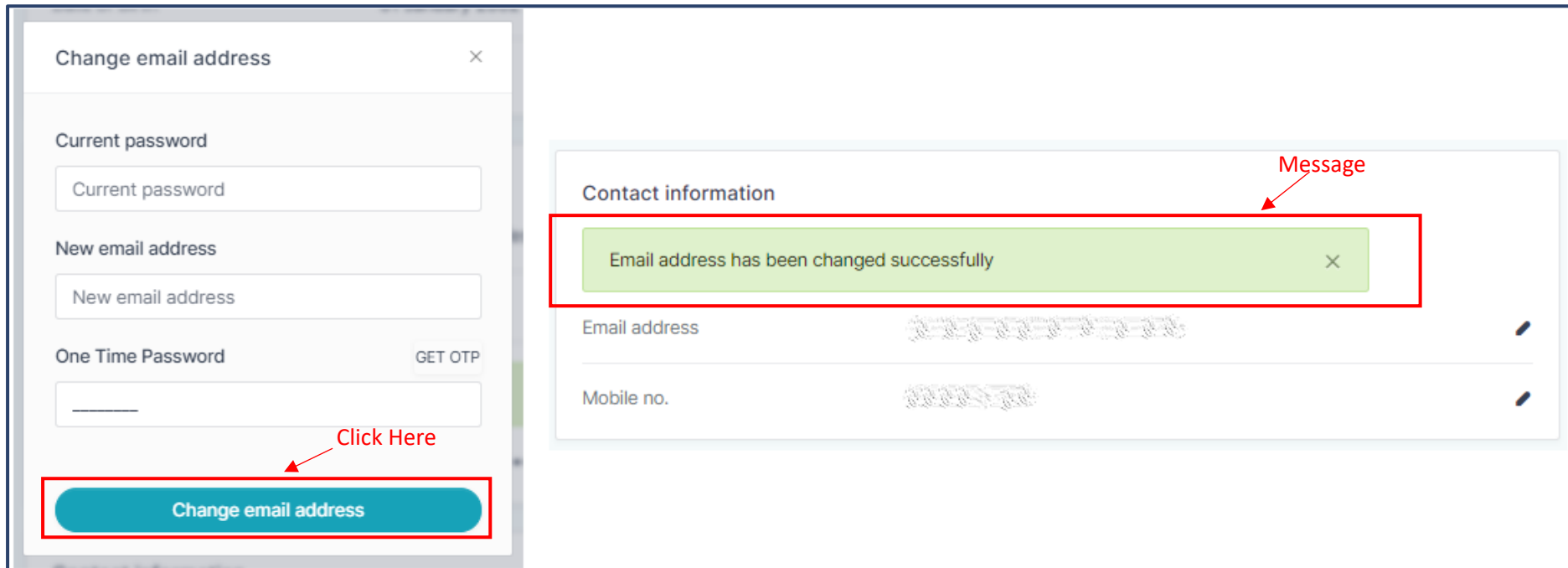


Condition for new email Address: enter a valid email address, this email address must not exist already in our system.

One Time Password: click on Get OTP link to receive an 8 digit long OTP on your email.

OTP mail on Email address: “Dear User,
Please verify your email by entering the following OTP.
One Time Password (OTP): ----OTP-----
Please do not share this with anyone.
With Regards ADRMS Team”.

Step 2: Click on **Change email address**. On profile page message will appear for email address changed successfully.



This is simple two step to change Email address.

II. Change Mobile Number

Step 1: Click on **edit Mobile no. link**. A pop-up window will appear.

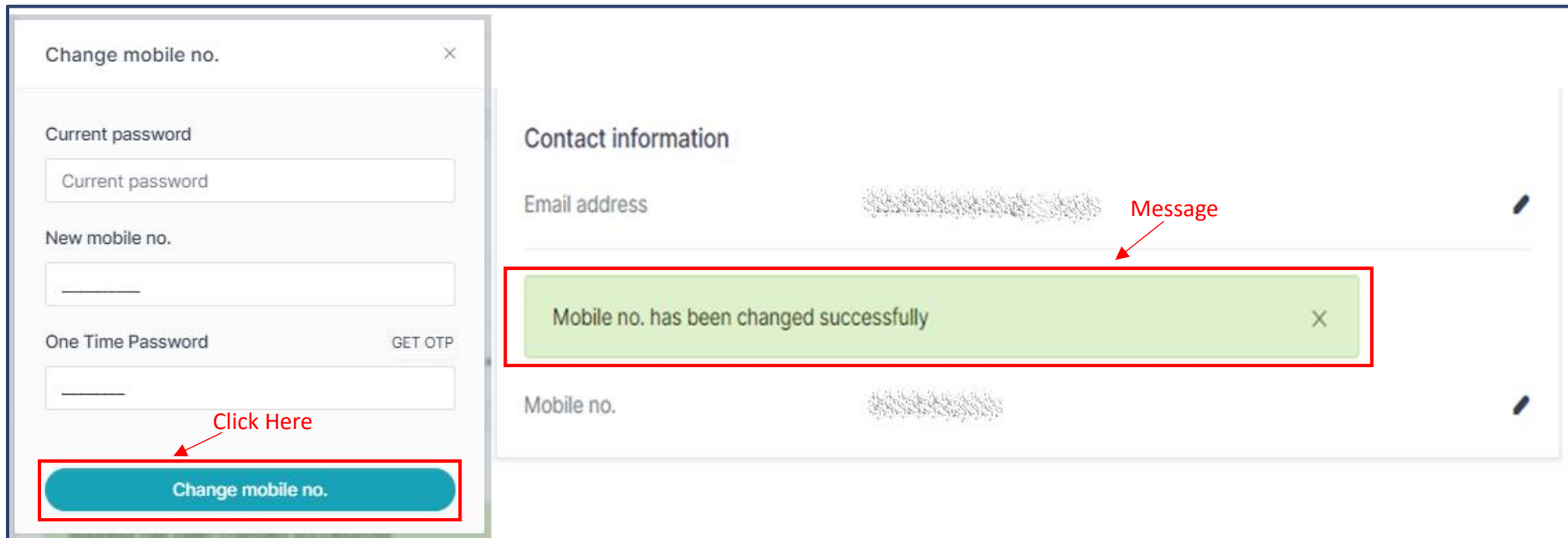
For change Mobile Number enter Current password, New mobile number, using GET OTP enter one time password.

The image shows a user interface for changing a mobile number. On the left, a 'Contact information' section contains 'Email address' and 'Mobile no.' fields. The 'Mobile no.' field has an edit icon circled in red, with a red arrow pointing to it from the text 'Click Here'. A red arrow labeled 'Pop-up window' points to a modal window on the right. The modal window is titled 'Change mobile no.' and contains the following fields: 'Current password' (with a text input field), 'New mobile no.' (with a text input field), and 'One Time Password' (with a text input field and a 'GET OTP' link). A teal button labeled 'Change mobile no.' is at the bottom of the modal.

Condition for Mobile Number: enter a valid mobile no., this mobile no. must not exist already in our system.

GET OTP: Please click on Get OTP link to receive an 8 digit long OTP on your email, enter that OTP here.

Step 2: Click on **Change mobile no.**. On profile page message will appear for Mobile no. changed successfully.



This is simple two step to change mobile number.

C. Change Professional information

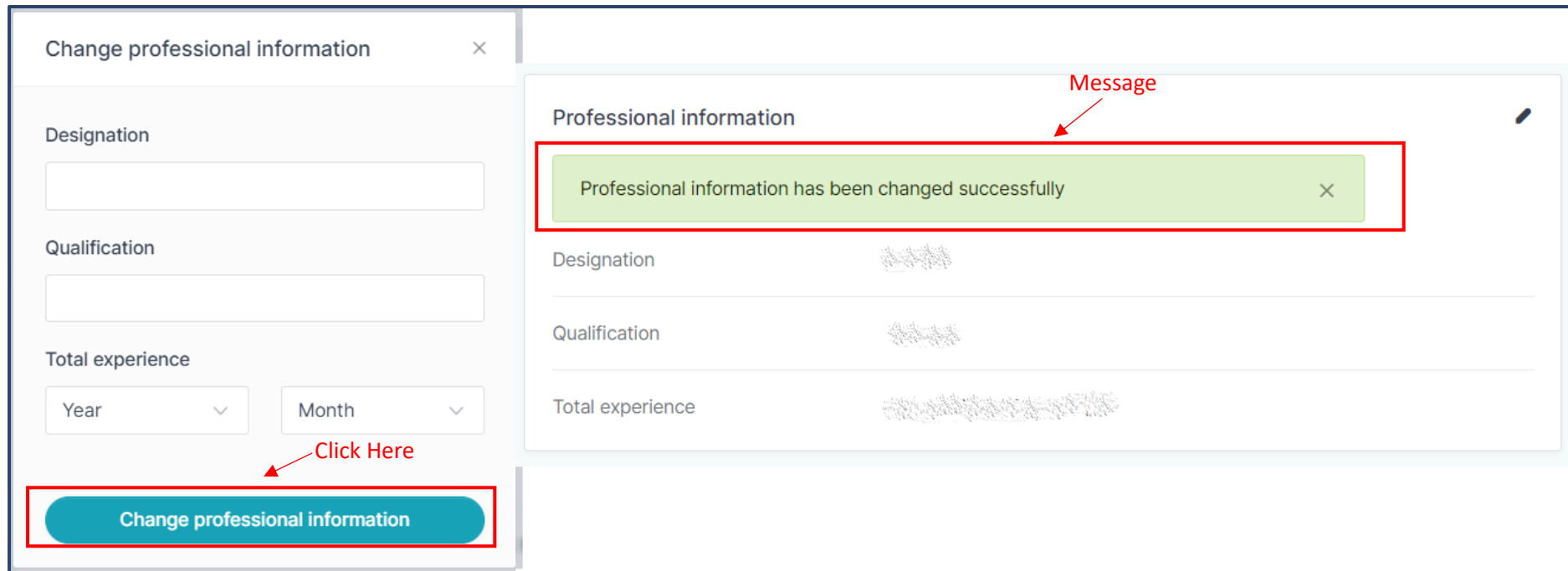
Step 1: Click on **edit Professional Information link**. A pop-up window will appear.

For change Professional Information select Year and Month, write Designation and Qualification.

Condition for Designation: Enter your designation, contain letters and spaces, and must not exceed 50 characters length.

Condition for Qualification: Enter your qualification, contain letters, numbers, spaces and special characters (./() -), and must not exceed 100 characters length.

Step 2: Click on **Change professional information**. On profile page message appear for Professional information changed successfully.

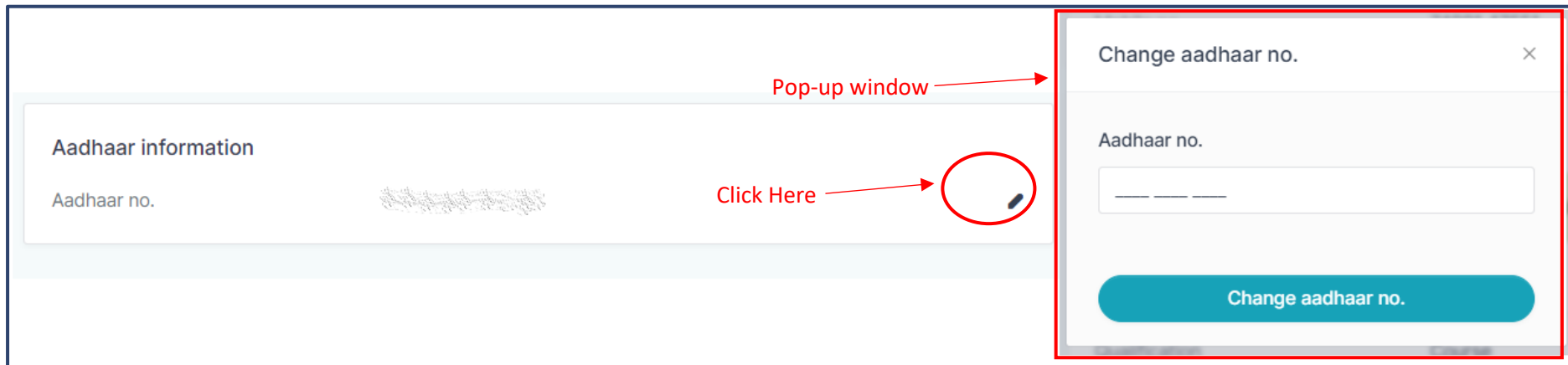


This is simple two step to change professional information.

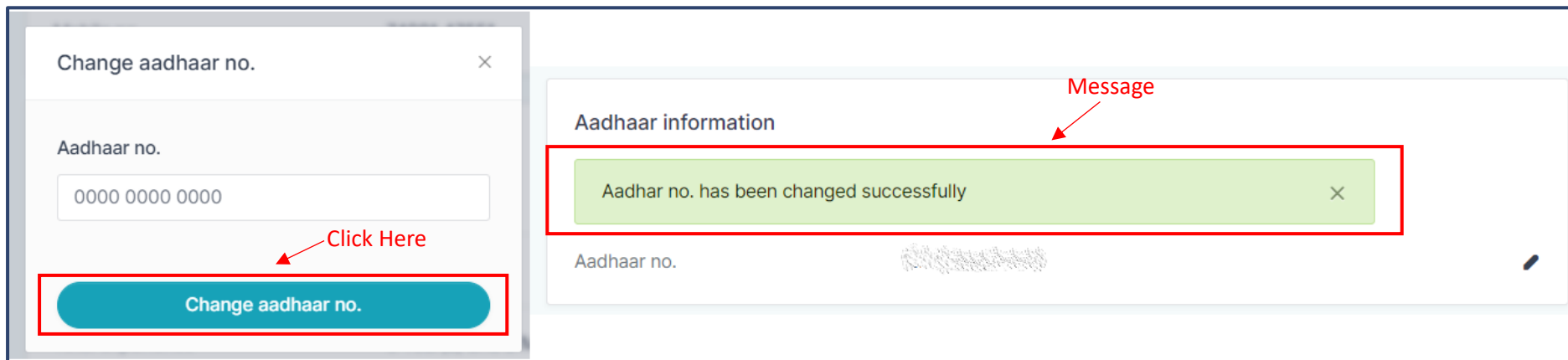
D. Change Aadhaar information

Step 1: Click on **edit Aadhaar Information link**. A pop-up window will appear.

For change Aadhaar Information write Aadhaar no. only.



Step 2: Click on **Change Aadhaar no.** . On profile page message appear for Aadhaar no. changed successfully.



This is simple two step to change professional information.

Following Table for Programme Coordinator profile field list:

Serial no.	Field name	Purpose	Is field required
1	First name	First name of programme coordinator	Yes:required
2	Last name	Last name of Programme coordinator	Yes:required
3	Date of birth	Use at a time of forgot password	Yes:required
4	Username	Identity, 8-20 char & Unique	Yes:required
5	Password	Security, 8-20 char	Yes:required
6	Gender	Select gender of patient	Yes:required
7	Mobile no.	10 digit mobile number and should unique	Yes:required
8	One time password	8 digit OTP on mobile number	Yes:required
9	Photo	Upload photo in .jpg or .png format	No:Not required
10	Signature	Upload signature in .jpg or .png format	No:Not required
11	Email address	valid email address & should unique	No:Not required
12	Account type	Select account type	Yes:required
Professional information			
13	Designation	Write designation within 50 char length	Yes:required
14	Qualification	Write qualification within 100 char length	Yes:required
15	Total experience	Select experience in year and month	Yes:required
Aadhaar information			
16	Aadhaar no.	Enter Aadhaar no.	Yes:required

Table1: Programme Coordinator profile field list

4. Report Issue

Step 1: In Programme Coordinator home page click on **Report issue**. New window of Report issue will open.

ADRMS - Indian Pharmacopoeia Commission

PROGRAMME COORDINATOR

Home

Dashboard

AMC Application

MDMC Application

Add Institute Request

Profile

Settings

Notifications


Need help?


Report issue

Sign out

Clickable ADRMS-IPC Logo

Click Here

Report issue window 

 **ADRMS - Indian Pharmacopoeia Commission**
PROGRAMME COORDINATOR

[Home](#)

Report issue

Issue type

Select

Describe your issue 0/255

Content

Upload (Type: JPG/PNG/PDF & Max Size: 10 MB)



Choose file...

Browse

Cancel

Submit

Show entries Search:

TICKET NO.	ISSUE TYPE	DESCRIPTION	FILE UPLOADED	STATUS	ADMIN REPLY
I2021083	Form related			● Open	

Showing 1 to 1 of 1 entries

Previous 1 Next

In In report issue select form related **Issue type** and **describe issue** and if any file available related to report then upload.

28

Step 2: Fill Report issue details. Click on **Submit**. In list submitted report issue is added.

Report issue

Issue type

Select

Describe your issue 0/255

Content

Upload (Type: JPG/PNG/PDF & Max Size: 10 MB)

Choose file...
Browse

Cancel

Submit

Click Here →

Show 10 entries Excel PDF Search:

TICKET NO.	ISSUE TYPE	DESCRIPTION	FILE UPLOADED	STATUS	ADMIN REPLY
I20210914	Form related	[Blurred]		● Open	
I2021083	Form related	[Blurred]	↓	● Open	

Showing 1 to 2 of 2 entries

Previous 1 Next

↓
Added report issue

In list of report issue can see all submitted (from 1 to 1000) report issue list. Also can download this list in PDF or Excel format.

Step 3: Fill report issue details. If click on **Cancel**. Programme Coordinator home page will open.

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PROGRAMME COORDINATOR

Home

Redirect to Programme Coordinator home page

Report issue

Issue type

Select

Describe your issue 0/255

Content

Upload (Type: JPG/PNG/PDF & Max Size: 10 MB)

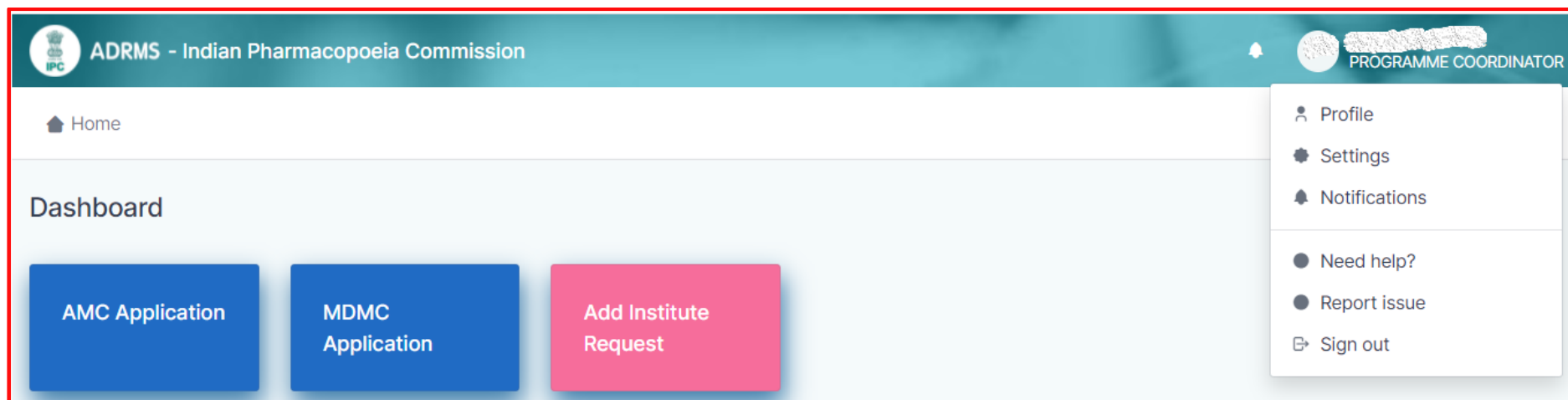
Choose file... Browse

Cancel

Click Here

Submit

Programme Coordinator home page



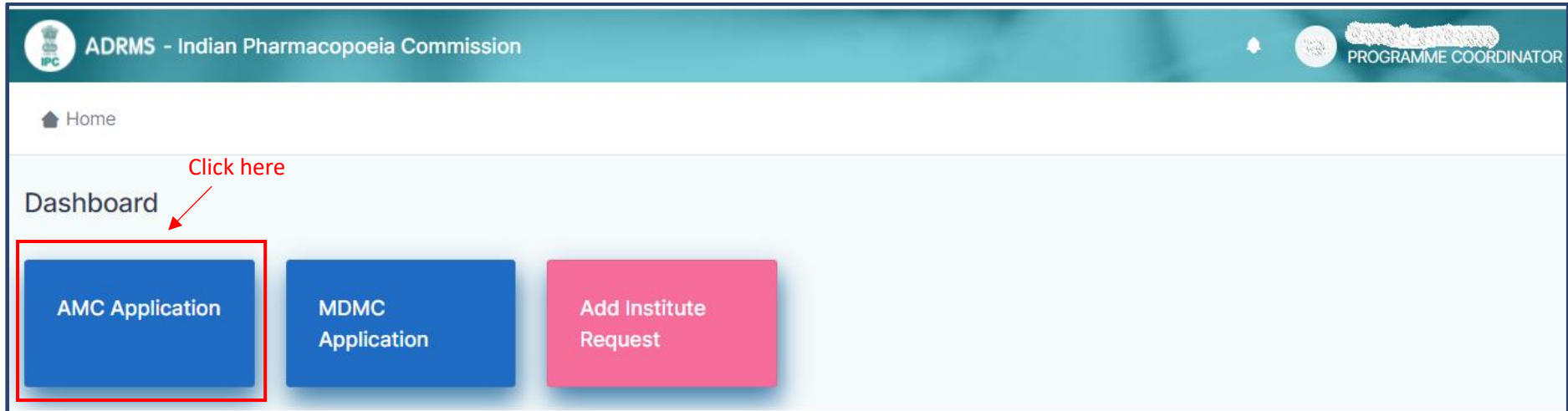
Following Table for Programme Coordinator Report issue field list:

Serial no.	Field name	Purpose	Is field required
1	Issue type	Select issue type of report	Yes:required
2	Describe your issue	Describe issue within 225 character	Yes:required
3	Upload	Upload file of JPG/PNG/PDF & Max Size: 10 MB	No:Not required

Table2: Programme Coordinator report issue field list

5. AMC Application

Step 1: Click on **AMC Application**. New window of AMC application form will open.



In report there are Institutional information, Logistic/infrastructural facilities to function as an Adverse Drug Reaction Monitoring Center (AMC) under PvPI, Technical information, Contact details, Upload signature of head of the institution these 5 sections are present.

I. Institutional information

II. Logistic/infrastructural facilities to function as an Adverse Drug Reaction Monitoring Center (AMC) under PvPI

III. Technical information

IV. Contact details

V. Upload signature of head of the institution (these all are link to jump on respective section)

*All fields marked with an asterisk * are mandatory.*

I. Institutional information: Select right option. Enter the correct information.

In institutional information select Name of the institution, Name of hospital affiliated, Institution type, Institution category and write Distance between hospital & institution in km, No.of beds in the hospital, patient statistics (Inpatient/Outpatient), Total no.of departments.

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PROGRAMME COORDINATOR

Home Go to home page of Programme coordinator

AMC Application

I. Institutional information

Name of the institution Add Institute Request Name of the hospital affiliated Add Institute Request
Select Select

Institution type Select Institution category Select

Distance between hospital & institution in km No. of beds in the hospital

Patient statistics (Inpatient/ Outpatient) Total no. of departments

All fields are mandatory

ON THIS PAGE

- I. Institutional information
- II. Logistic/infrastructural facilities to function as an Adverse Drug Reaction Monitoring Center (AMC) under PvPI
- III. Technical information
- IV. Contact details
- V. Upload signature of head of the institution

II. Logistic/infrastructural facilities to function as an Adverse Drug Reaction Monitoring Center (AMC) under PvPI: Select right option. Enter the correct information.

In this section write Name of department to function as an AMC, Total no.of faculties in the department. Select Whether workplace is allocated for PvPI, Whether computer & logistic facilities available for PvPI.

All fields are mandatory

II. Logistic/ Infrastructural facilities to function as an Adverse Drug Reaction Monitoring Center (AMC) under PvPI

Name of department to function as an AMC

Total no. of faculties in the department

Whether workplace is allocated for PvPI

Whether computer & logistic facilities available for PvPI

Whether workplace is allocated for PvPI: Yes and No these two options are available.

Whether computer & logistic facilities available for PvPI: Yes and No these two options are available.

III. Technical information (a. Details of the proposed coordinator): Write all information.

In Technical information **Details of the proposed coordinator** and **Details of the proposed deputy coordinator (Preferably clinicians)** these two sections are available.

In **Details of the proposed coordinator** write Name, Designation, Qualification, Total experience in year, Experience in pharmacovigilance and Details of training/CME on PvPI attended in last 2 year.

III. Technical information

a. Details of the proposed coordinator

Name

Designation Qualification

Total experience in yr

Experience in pharmacovigilance 0/500

Details of training/ CME on PvPI attended in last 2 years 0/1000

- II. Logistic/infrastructural facilities to function as an Adverse Drug Reaction Monitoring Center (AMC) under PvPI
- III. Technical information
- IV. Contact details
- V. Upload signature of head of the institution

All fields are mandatory

III. Technical information (b. Details of the proposed deputy coordinator (Preferably clinicians)): Write all information.

In Details of the proposed deputy coordinator write Name, Designation, Qualification, Total experience in year, Experience in pharmacovigilance and Details of training/CME on PvPI attended in last 2 year.

<p>b. Details of the proposed deputy coordinator (Preferably clinicians)</p>		<p>institution</p> <p><i>All fields are mandatory</i></p>
<p>Name</p> <input type="text"/>	<p>Designation</p> <input type="text"/>	
<p>Qualification</p> <input type="text"/>	<p>Total experience in yr</p> <input type="text"/>	
<p>Experience in pharmacovigilance</p> <input type="text"/>	<p>0/500</p>	
<p>Details of training/ CME on PvPI attended in last 2 years</p> <input type="text"/>	<p>0/1000</p>	

IV. Contact details (a. Principal/ Dean/ Medical Superintendent/In charge): Select right option and write all details.

IV. Contact details

a. Principal/ Dean/ Medical Superintendent/ Incharge

Designation	Name
<div style="border: 1px solid gray; padding: 2px; display: flex; align-items: center;"> Select ▼ </div>	<div style="border: 1px solid gray; height: 25px; width: 100%;"></div>
Mobile no.	Email address
<div style="border: 1px solid gray; height: 25px; width: 100%;"></div>	<div style="border: 1px solid gray; height: 25px; width: 100%;"></div>

i. Institutional information

- II. Logistic/infrastructural facilities to function as an Adverse Drug Reaction Monitoring Center (AMC) under PvPI
- III. Technical information
- IV. Contact details
- V. Upload signature of head of the institution

All fields are mandatory

Designation: In Designation Principal, dean, Medical Superintendent and Incharge these options are available.

V. Contact details (b. Coordinator): Write all details.

<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>b. Coordinator</p> </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Designation</td> <td style="width: 70%; padding: 5px;">Name</td> </tr> <tr> <td style="padding: 5px;"><input style="width: 95%;" type="text"/></td> <td style="padding: 5px;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 5px;">Mobile no.</td> <td style="padding: 5px;">Email address</td> </tr> <tr> <td style="padding: 5px;"><input style="width: 95%;" type="text"/></td> <td style="padding: 5px;"><input style="width: 95%;" type="text"/></td> </tr> </table>	Designation	Name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Mobile no.	Email address	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<p><i>All fields are mandatory</i></p>
Designation	Name								
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>								
Mobile no.	Email address								
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>								

IV. Contact details (c. Deputy Coordinator): Write all details.

<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>c. Deputy coordinator</p> </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Designation</td> <td style="width: 70%; padding: 5px;">Name</td> </tr> <tr> <td style="padding: 5px;"><input style="width: 95%;" type="text"/></td> <td style="padding: 5px;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="padding: 5px;">Mobile no.</td> <td style="padding: 5px;">Email address</td> </tr> <tr> <td style="padding: 5px;"><input style="width: 95%;" type="text"/></td> <td style="padding: 5px;"><input style="width: 95%;" type="text"/></td> </tr> </table>	Designation	Name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Mobile no.	Email address	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<ul style="list-style-type: none"> - III. Technical information - IV. Contact details - V. Upload signature of head of the institution <p style="text-align: center; margin-top: 20px;"><i>All fields are mandatory</i></p>
Designation	Name								
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>								
Mobile no.	Email address								
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>								

IV. Contact details (d. Complete postal address of proposed AMC): Write all details. Click on **Next – Preview & Submit**.

d. Complete postal address of proposed AMC

Address 0/150 Pin code

District State Country

Phone no. Email address

We have undergone the [terms of reference](#) and are interested to undertake the responsibility of Adverse Drug Reaction Monitoring Center (AMC) under the Pharmacovigilance Programme of India (PvPI). Our institute may be considered for the same.

Next - Preview & Submit

institution

All fields are mandatory

Following Table for Programme Coordinator AMC application field list:

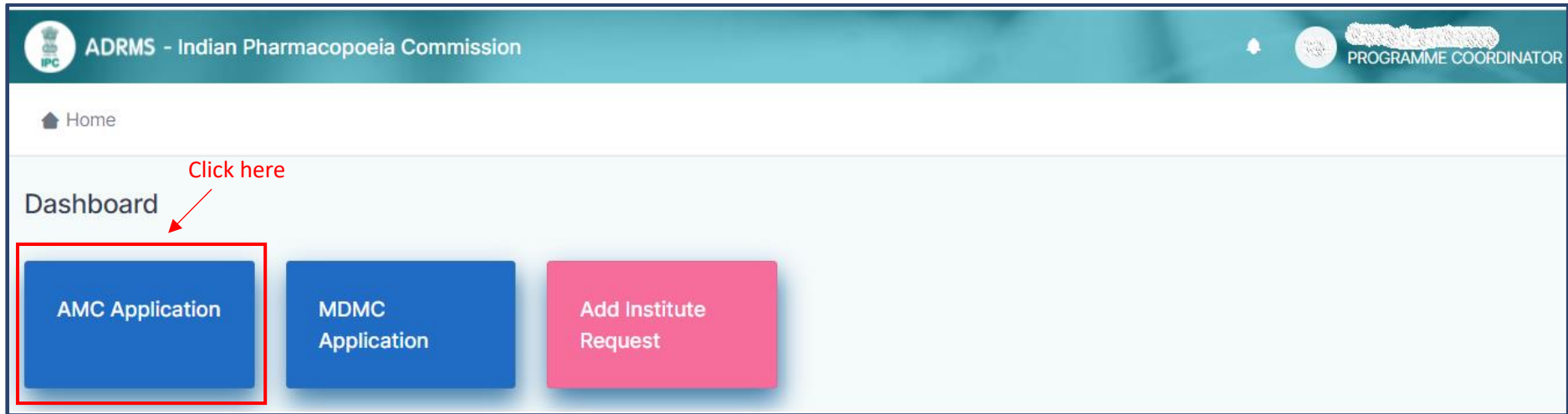
Serial no.	Field name	Purpose	Is field required
I. Institutional information			
1	Name of the institution	Select any one institution name	Yes:required
2	Name of the hospital affiliated	Select any one	Yes:required
3	Institution type	Select any one institution type	Yes:required
4	Institution category	Select any one institution category	Yes:required
5	Distance between hospital & institution	write distance in km	Yes:required
6	No. of beds in the hospital	Write no.of beds in digit	No:Not required
7	Patient statistics (Inpatient/ Outpatient)	Write patient statics	No:Not required
8	Total no. of departments	Write no. of department in digit	No:Not required
II. Logistic/ Infrastructural facilities to function as an Adverse Drug Reaction Monitoring Center (AMC) under PvPI			
9	Name of department to function as an AMC	Write within 100 char length	Yes:required
10	Total no. of faculties in the department	Write no. of faculties in digit	Yes:required
11	Whether workplace is allocated for PvPI	Select Yes or No	Yes:required
12	Whether computer & logistic facilities	Select Yes or No	Yes:required
III. Technical information(a.Details of proposed coordoinator)			
13	Name	Name of coordinator	Yes:required
14	Designation	Designation of coordinator	Yes:required
15	Qualification	Qualification of coordinator	Yes:required
16	Total experience in yr	Write experience in digit	Yes:required
17	Experience in pharmacovigilance	Write within 500 char length	Yes:required
18	Training/ CME on PvPI attended in last 2 yrs	Write details within 1000 char length	Yes:required
III. Technical information(b.Details of proposed deputy coordoinator(Preferably clinicians)			
19	Name	Name of Coordinator	Yes:required
20	Designation	Designation of deputy Coordinator	Yes:required

21	Qualification	Qualification of deputy Coordinator	Yes:required
22	Total experience in yr	Write experience in digit	Yes:required
23	Experience in pharmacovigilance	Write within 500 char length	Yes:required
24	Training/ CME on PvPI attended in last 2 yr	Write details within 1000 char length	Yes:required
IV. Contact details(a.Principal/Dean/Medical Superintendent/Incharge)			
25	Designation	Select one designation	Yes:required
26	Name	Enter name of principal	Yes:required
27	Mobile no.	Valid 10 digit mobile no.	Yes:required
28	Email address	Valid email address	Yes:required
IV. Contact details(b.Coordinator)			
29	Designation	Select one designation	Yes:required
30	Name	Enter name of principal	Yes:required
31	Mobile no.	Valid 10 digit mobile no.	Yes:required
32	Email address	Valid email address	Yes:required
IV. Contact details(c.Deputy coordinator)			
33	Designation	Select one designation	Yes:required
34	Name	Enter name of principal	Yes:required
35	Mobile no.	Valid 10 digit mobile no.	Yes:required
36	Email address	Valid email address	Yes:required
IV. Contact details(d.Complete postal address of proposed AMC)			
37	Address	Write within 150 char length	Yes:required
38	Pin code	Valid six digit pin code	Yes:required
39	District	Select district	Yes:required
40	State	Select state	Yes:required
41	Country	Select Country	Yes:required
42	Mobile no.	Valid 10 digit mobile no.	Yes:required
43	Email address	Valid email address	Yes:required

Table3: Programme coordinator AMC application field list

6. MDMC Application

Step 1: Click on **MDMC Application**. New window of MDMC application form will open.



In report there are Institutional information, Logistic/infrastructural facilities to function as a Medical Device Monitoring Center(MDMC) under MvPI, Technical information, Contact details, Upload signature of head of the institution these 5 sections are present.

I. Institutional information

II. Logistic/infrastructural facilities to function as a Medical Device Monitoring Center (MDMC) under MvPI

III. Technical information


IV. Contact details



V. Upload signature of head of the institution (these all are link to jump on respective section)

*All fields marked with an asterisk * are mandatory.*

I. Institutional information: Select right option. Enter the correct information.

In institutional information select Name of the institution, Name of hospital affiliated, Institution type, Institution category and write Distance between hospital & institution in km, No.of beds in the hospital, patient statistics (Inpatient/Outpatient), Total no.of departments.


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PROGRAMME COORDINATOR

Home

Go to home page of Programme coordinator

MDMC Application

I. Institutional information

<p>Name of the institution</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; justify-content: space-between; align-items: center;"> Select Add Institute Request </div>	<p>Name of the hospital affiliated</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; justify-content: space-between; align-items: center;"> Select Add Institute Request </div>
<p>Institution type</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; justify-content: space-between; align-items: center;"> Select ▼ </div>	<p>Institution category</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; justify-content: space-between; align-items: center;"> Select ▼ </div>
<p>Distance between hospital & institution in km</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>	<p>No. of beds in the hospital</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>
<p>Patient statistics (Inpatient/ Outpatient)</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>	<p>Total no. of departments</p> <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>

ON THIS PAGE

- I. Institutional information
- II. Logistic/infrastructural facilities to function as a Medical Device Monitoring Center (MDMC) under MvPI
- III. Technical information
- IV. Contact details
- V. Upload signature of head of the institution

All fields are mandatory

II. Logistic/infrastructural facilities to function as a Medical Device Monitoring Center (MDMC) under MvPI: Select right option. Enter the correct information.

In this section write Name of department to function as an AMC, Total no.of faculties in the department. Select Whether workplace is allocated for PvPI, Whether computer & logistic facilities available for PvPI.

II. Logistic/ Infrastructural facilities to function as a Medical Device Monitoring Center (MDMC) under MvPI

Name of department to function as an MDMC	Total no. of faculties in the department
<input type="text"/>	<input type="text"/>
Whether workplace is allocated for MvPI	Whether computer & logistic facilities available for MvPI
<input type="text" value="Select"/>	<input type="text" value="Select"/>

Whether workplace is allocated for PvPI: Yes and No these two options are available.

Whether computer & logistic facilities available for PvPI: Yes and No these two options are available.

Name of department to function as an AMC: Enter name of department to function as an MDMC, contain letters, numbers, spaces and special characters (./() -), and must not exceed 100 characters length.

III. Technical information (a. Details of the proposed coordinator): Write all information.

In Technical information **Details of the proposed coordinator** and **Details of the proposed deputy coordinator (Preferably clinicians)** these two sections are available. In Details of the proposed coordinator write Name, Designation, Qualification, Total experience in year, Experience in materiovigilance and Details of training/CME on PvPI attended in last 2 year.

III. Technical information

a. Details of the proposed coordinator

Name

Designation

Qualification

Total experience in yr

Experience in materiovigilance 0/500

Details of training/ CME on MvPI attended in last 2 years 0/1000

All fields are mandatory

III. Technical information (b. Details of the proposed deputy coordinator (Preferably clinicians)): Write all information.

In Details of the proposed deputy coordinator write Name, Designation, Qualification, Total experience in year, Experience in materiovigilance and Details of training/CME on PvPI attended in last 2 year.

b. Details of the proposed deputy coordinator (Preferably clinicians)

Name	Designation
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Qualification	Total experience in yr
<input style="width: 95%;" type="text"/>	<input style="width: 40%;" type="text"/>
Experience in materiovigilance	0/500
<input style="width: 95%;" type="text"/>	
Details of training/ CME on MvPI attended in last 2 years	0/1000
<input style="width: 95%;" type="text"/>	

Name & Designation: Enter name & designation, contain letters and spaces, and must not exceed 50 characters length.

Qualification: Enter qualification, contain letters, numbers, spaces and special characters (./() -), and must not exceed 100 characters length.

IV. Contact details (a. Principal/ Dean/ Medical Superintendent/In charge): Select right option and write all details.

IV. Contact details All fields are mandatory

a. Principal/ Dean/ Medical Superintendent/ Incharge

Designation Name

Mobile no. Email address

Designation: In Designation Principal, dean, Medical Superintendent and Incharge these options are available.

Name: Enter name, contain letters and spaces, and must not exceed 50 characters length.

IV. Contact details (b. Coordinator): Write all details.

b. Coordinator	
Designation	Name
<input type="text"/>	<input type="text"/>
Mobile no.	Email address
<input type="text"/>	<input type="text"/>

IV. Contact details (c. Deputy Coordinator): Write all details.

c. Deputy coordinator	
Designation	Name
<input type="text"/>	<input type="text"/>
Mobile no.	Email address
<input type="text"/>	<input type="text"/>

IV. Contact details (c. Deputy Coordinator): Write all details.

In this Address, Pin code, District, State and country this fields are auto filled according to above section. Also have to tick on We have undergone the **terms of reference**.

d. Complete postal address of proposed MDMC

Address 0/150	Pin code	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
District ▼	State ▼	Country ▼
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Phone no. () - -	Email address	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

We have undergone the [terms of reference](#) and are interested to undertake the responsibility of Medical Device Monitoring Center (MDMC) under the Materiovigilance Programme of India (MvPI). Our institute may be considered for the same.

[Next - Preview & Submit](#)

Following Table for MDMC application field list:

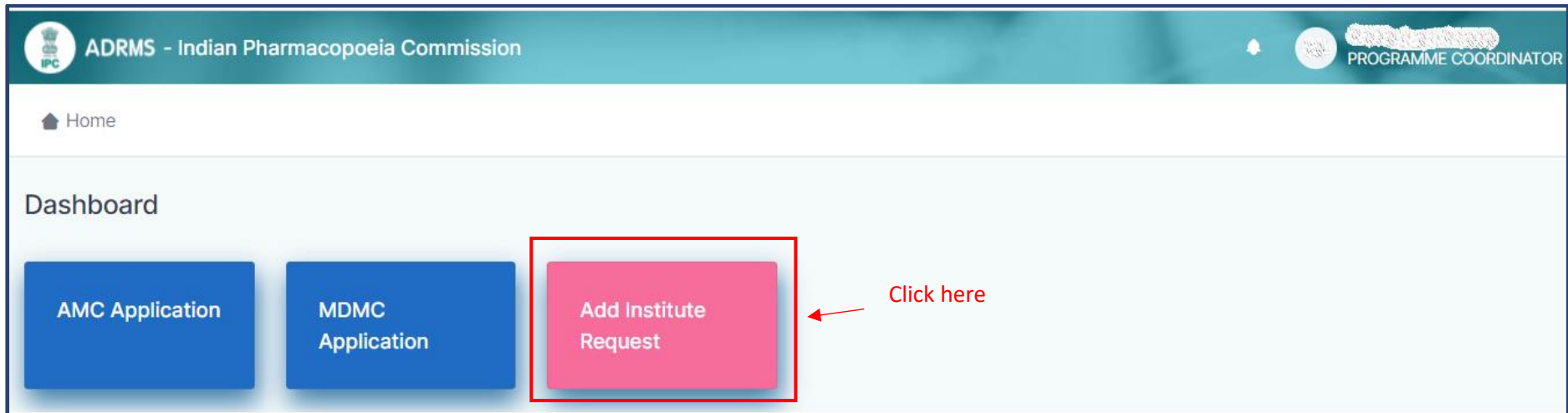
Serial no.	Field name	Purpose	Is field required
I. Institutional information			
1	Name of the institution	Select any one institution name	Yes:required
2	Name of the hospital affiliated	Select any one	Yes:required
3	Institution type	Select any one institution type	Yes:required
4	Institution category	Select any one institution category	Yes:required
5	Distance between hospital & institution	write distance in km	Yes:required
6	No. of beds in the hospital	Write no.of beds in digit	No:Not required
7	Patient statistics (Inpatient/ Outpatient)	Write patient statics	No:Not required
8	Total no. of departments	Write no. of department in digit	No:Not required
II. Logistic/ Infrastructural facilities to function as a Medical Device Monitoring Center (MDMC) under MvPI			
9	Name of department to function as an MDMC	Write within 100 char length	Yes:required
10	Total no. of faculties in the department	Write no. of faculties in digit	Yes:required
11	Whether workplace is allocated for MvPI	Select Yes or No	Yes:required
12	Whether computer & logistic facilities	Select Yes or No	Yes:required
III. Technical information(a.Details of proposed coordinator)			
13	Name	Name of coordinator	Yes:required
14	Designation	Designation of coordinator	Yes:required
15	Qualification	Qualification of coordinator	Yes:required
16	Total experience in yr	Write experience in digit	Yes:required
17	Experience in materiovigilance	Write within 500 char length	Yes:required
18	Training/ CME on MvPI attended in last 2 yrs	Write details within 1000 char length	Yes:required
III. Technical information(b.Details of proposed deputy coordinator(Preferably clinicians))			
19	Name	Name of Coordinator	Yes:required
20	Designation	Designation of deputy Coordinator	Yes:required
21	Qualification	Qualification of deputy Coordinator	Yes:required

22	Total experience in yr	Write experience in digit	Yes:required
23	Experience in materiovigilance	Write within 500 char length	Yes:required
24	Training/ CME on MvPI attended in last 2 yr	Write details within 1000 char length	Yes:required
IV. Contact details(a.Principal/Dean/Medical Superintendent/Incharge)			
25	Designation	Select one designation	Yes:required
26	Name	Enter name of principal	Yes:required
27	Mobile no.	Valid 10 digit mobile no.	Yes:required
28	Email address	Valid email address	Yes:required
IV. Contact details(b.Coordinator)			
29	Designation	Select one designation	Yes:required
30	Name	Enter name of principal	Yes:required
31	Mobile no.	Valid 10 digit mobile no.	Yes:required
32	Email address	Valid email address	Yes:required
IV. Contact details(c.Deputy coordinator)			
33	Designation	Select one designation	Yes:required
34	Name	Enter name of principal	Yes:required
35	Mobile no.	Valid 10 digit mobile no.	Yes:required
36	Email address	Valid email address	Yes:required
IV. Contact details(d.Complete postal address of proposed MDMC)			
37	Address	Write within 150 char length	Yes:required
38	Pin code	Valid six digit pin code	Yes:required
39	District	Select district	Yes:required
40	State	Select state	Yes:required
41	Country	Select Country	Yes:required
42	Mobile no.	Valid 10 digit mobile no.	Yes:required
43	Email address	Valid email address	Yes:required




Table4: MDMC application field list

6. Add Institute request

Step 1: Click on **Add Institute Request**. New window of Add Institute request form and submitted Institute list will open.



New window of Add institute Request

 **ADRMS - Indian Pharmacopoeia Commission**   PROGRAMME COORDINATOR

[Home](#)

Add Institute Request

Institute name

Institute type



Institute category

Address **Pin code**

District **State** **Country**

Phone no. **Email address**

Show entries Search:

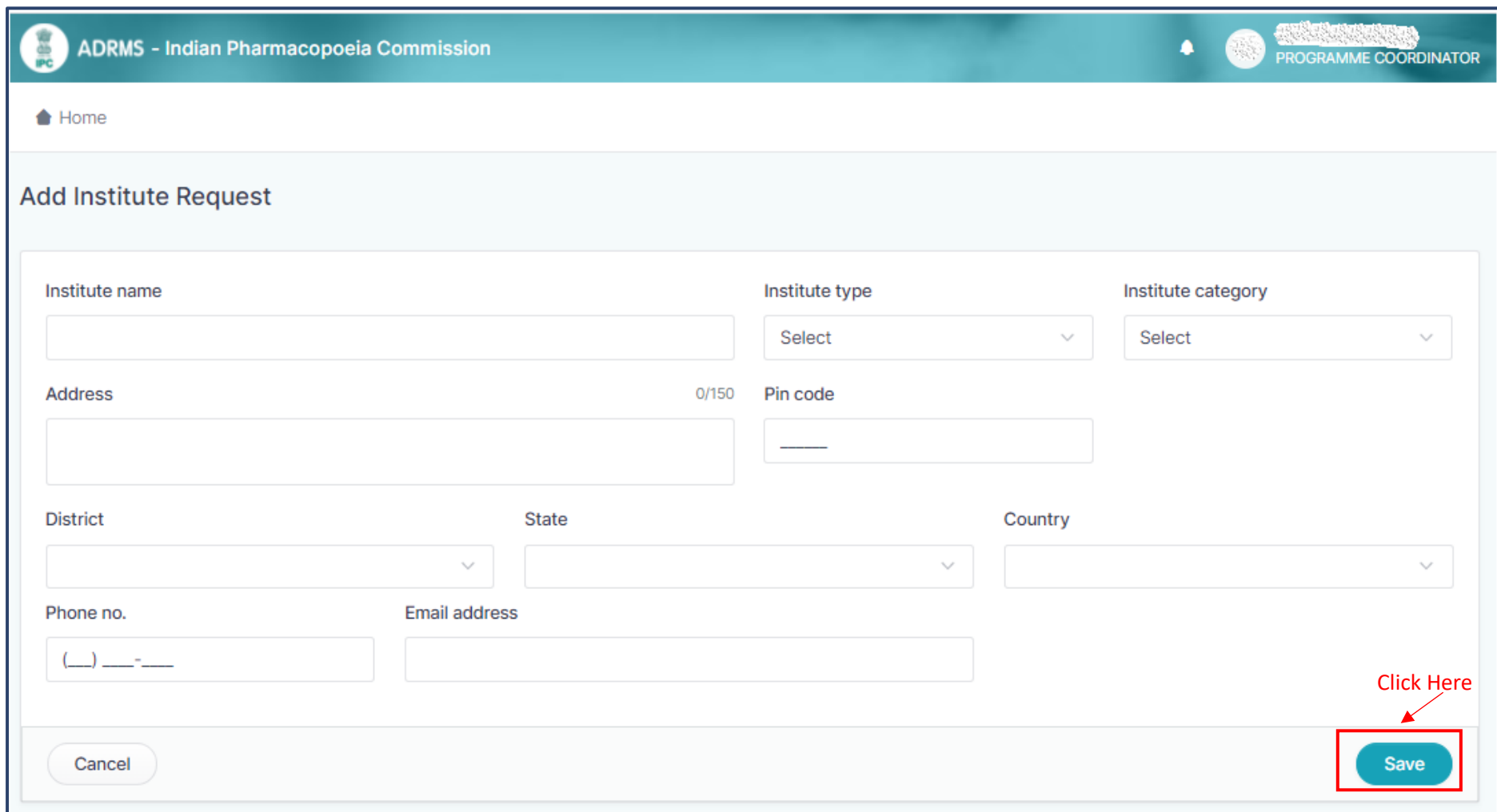
INSTITUTE NAME	TYPE	CATEGORY	DISTRICT	STATE	COUNTRY	CREATED ON	STATUS	
A.J. Institute of Medical science	Institute	Government	East Delhi	Delhi	India	09/16/2021	Approval Pending	 

Showing 1 to 1 of 1 entries

Previous Next

Step 2: Write all details & click on **Save**. In Request list saved Institute Request will add.

Write Institute name, Address, Pin code, Phone no. & Email address. Select Institute type, Institute category, District, State & Country.



ADRMS - Indian Pharmacopoeia Commission

PROGRAMME COORDINATOR

Home

Add Institute Request

Institute name

Institute type

Institute category

Address

Pin code

District

State

Country

Phone no.

Email address

Click Here

Condition of Institute name: Enter name of the institution, contain letters, numbers, spaces and special characters (./()&-), and must not exceed 100 characters length.

Condition of Address: Enter address, contain letters, numbers, spaces and special characters (./;:"'()&-), and must not exceed 150 characters length.

Following given options for **Institute type** and **Institute category**:

Institute type	Institute category
<input type="text" value="Institute"/>	<input type="text" value="Select"/>
<ul style="list-style-type: none">SelectCompanyHospitalInstituteMedical College	<ul style="list-style-type: none">SelectAutonomousGovernmentPrivateSemi Government

Institute name

Institute type

Select ▼

Institute category

Select ▼

Address 0/150

Pin code

District

▼

State

▼

Country

▼

Phone no.

Email address

Cancel

Save

Show entries Excel PDF Search:

INSTITUTE NAME	TYPE	CATEGORY	DISTRICT	STATE	COUNTRY	CREATED ON	STATUS	✎	🗑
A.J. Institute of Medical science	Institute	Government	East Delhi	Delhi	India	09/16/2021	● Approval Pending	✎	🗑
Agartala Government medical college	Medical College	Government	East Delhi	Delhi	India	09/16/2021	● Approval Pending	✎	🗑

Showing 1 to 2 of 2 entries

Previous 1 Next

Saved Institute Request

In list of request list we can see all saved (from 1 to 1000) request list. Also can download this list in PDF or Excel format. In request list there is display entered Institute name, Selected Institute type, Institute category, District, State & Country.

Created column showing date of report saved. Report status is showing Approval pending and also these form can edit by clicking on edit link (sign) or it can remove by clicking on delete link (sign).

Search Box: Can search any particular institute request from column data.

These simple two step to add Institute request.

Following Table for Programme coordinator Add institute request field list:

Serial no.	Field name	Purpose	Is field required
1	Institute name	Write name within 100 char length	Yes:required
2	Institute type	Select institute type	Yes:required
3	Institute category	Select institute category	Yes:required
4	Address	Write address within 150 char length	Yes:required
5	Pin code	Valid 6 digit pin code	Yes:required
6	District	Select district	Yes:required
7	State	Select state	Yes:required
8	Country	Select country	Yes:required
9	Phone no.	Valid 10 digit phone no.	Yes:required
10	Email address	Valid email address.	Yes:required

Table5: Programme coordinator Add institute request field list

7. How to Sign Out

Step 1: Click on **sign out**. New sign out window will appear.

The screenshot shows the ADRMS - Indian Pharmacopoeia Commission dashboard. The header includes the IPC logo and the text "ADRMS - Indian Pharmacopoeia Commission". On the right, there is a user profile icon and the text "PROGRAMME COORDINATOR". Below the header, there is a "Home" link and a "Dashboard" section. The dashboard contains three main buttons: "AMC Application" (blue), "MDMC Application" (blue), and "Add Institute Request" (pink). On the right side, a user profile menu is open, listing options: Profile, Settings, Notifications, Need help?, Report issue, and Sign out. The "Sign out" option is highlighted with a red box, and a red arrow points to it with the text "Click here".

Message is showing for sign out successfully.

New sign out window



ADRMS

Stepping towards patient's safety

An Indigenous Adverse Drug Reactions Monitoring System (ADRMS) by Indian Pharmacopoeia Commission (IPC), Ministry of Health & Family Welfare, Govt. of India, to ease reporting and monitoring of adverse events (side effects) on patients due to medical products (medicine, vaccine & medical device) for the safety of patients.

Designed, Developed & Maintained by C-DAC.

You have signed out of ADRMS successfully

Thank you for using our services. Please share your valuable feedback. **Directly sign in window (or ADRMS home page) open**

Share feedback →

← Take me home

Message



Directly sign in window (or ADRMS home page) open



Step 2: Click on **Share feedback**. New pop-up window will appear.

The image shows a screenshot of the ADRMS interface. On the left, a message states "You have signed out of ADRMS successfully" and "Thank you for using our services. Please share your valuable feedback." Below this message are two buttons: "Share feedback →" and "← Take me home". The "Share feedback →" button is highlighted with a red box, and a red arrow points to it with the text "Click here".

On the right, a "Feedback form" pop-up window is shown, also outlined with a red box. A red arrow points to the pop-up window with the text "Pop-up window". The pop-up window contains the following elements:

- Title: Feedback form (with a close button 'x')
- Message: "We would love to hear your thoughts, suggestions, concerns or problems with anything so we can improve!"
- Section: Feedback type
- Options: Comments, Suggestions, Questions
- Section: Describe your feedback (with a character count of 0/255)
- Input field: Content..
- Section: Mobile no.
- Input field: _____
- Section: One Time Password (with a "GET OTP" button)
- Input field: _____
- Submit button: Share feedback

Step 3: fill up all details click on **Share feedback**. Sign in window will open.

The image shows two overlapping windows. The left window is titled "Feedback form" and contains the following fields: "Feedback type" with radio buttons for "Comments", "Suggestions", and "Questions"; "Describe your feedback" with a text area and a character count of "0/255"; "Mobile no." with a text input field; and "One Time Password" with a text input field and a "GET OTP" button. A red box highlights the "Share feedback" button at the bottom. The right window is titled "Sign in" and contains the following fields: "Username/ Mobile no." with a text input field; "Password" with a text input field, a "I forgot password" link, and a visibility toggle; a checked checkbox for "Remember me on this device"; and a "Sign in" button. Below the button is a link for "Need an account? Sign up here" and a note: "A consumer can also report without creating an account" with links for "Medicine & Vaccine" and "Medical device". A red box highlights the entire sign-in window, and a red arrow points from the "Sign in window (or ADRMS home page)" text to the top of the sign-in window.

These are simple three step to sign out.

