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| Azərbaycan Respublikasının Səhiyyə Nazirliyinin  Kollegiyasının “15” may 2014-cü il tarixli,  “24/3” nömrəli qərarı ilə təsdiq edilmişdir.  4 nömrəli Əlavə |

**“Doğum haqqında tibbi şəhadətnamə” elektron registrindən məlumatların verilməsi üzrə**

**İNZİBATİ REQLAMENT**

**1. Ümumi müddəalar**

**1.1. Elektron xidmətin adı:**“Doğum haqqında tibbi şəhadətnamə” elektron registrindən məlumatların verilməsi

**1.2. Elektron xidmətin məzmunu:**“Doğum haqqında tibbi şəhadətnamə” elektron registrindən çıxarışın əldə edilməsindən ibarətdir.

**1.3. Elektron xidmətin göstərilməsinin hüquqi əsası:**

**1.3.1.**“Dövlət orqanlarının elektron xidmətlər göstərməsinin təşkili sahəsində bəzi tədbirlər haqqında” Azərbaycan Respublikası Prezidentinin 2011-ci il 23 may tarixli 429 nömrəli Fərmanının 2-1-ci hissəsi;

**1.3.2.**Azərbaycan Respublikası Nazirlər Kabinetinin 2003-cü il 31 oktyabr tarixli, 145 nömrəli qərarı ilə təsdiq edilmiş "Vətəndaşlıq vəziyyəti aktlarının dövlət qeydiyyatı Qaydası"nın 2.3-1-ci bəndi və 2.5.3-cü yarımbəndi;

**1.3.3.**Azərbaycan Respublikası Nazirlər Kabinetinin 2011-ci il 24 noyabr tarixli, 191 nömrəli qərarı ilə təsdiq edilmiş "Mərkəzi icra hakimiyyəti orqanları tərəfindən konkret sahələr üzrə elektron xidmətlər göstərilməsi Qaydaları" və “Elektron xidmət növlərinin Siyahısı”nın 14.13-cü bəndi.

**1.4.** **Elektron xidməti göstərən dövlət qurumunun adı:** Azərbaycan Respublikasının Səhiyyə Nazirliyi (bundan sonra – Nazirlik)

**1.5. Elektron xidmətin digər icraçıları:** yoxdur.

**1.6. Elektron xidmətin avtomatlaşdırılma səviyyəsi:** Elektron xidmət tam avtomatlaşdırılmışdır.

**1.7. Elektron xidmətin icra müddəti:** Xidmətin icra müddəti istifadəçi tərəfindən tələb olunan məlumatların informasiya sistemi tərəfindən emalı müddətinə bərabərdir.

**1.8. Elektron xidmətin göstərilməsinin nəticəsi:**“Doğum haqqında tibbi şəhadətnamə” elektron registrindən çıxarışın əldə edilməsi.

**2. Elektron xidmətin göstərilməsinin həyata keçirilməsi**

**2.1. Elektron xidmətin növü:** interaktiv.

**2.2. Elektron xidmət üzrə ödəniş:** ödənişsiz.

**2.3. Elektron xidmətin istifadəçiləri:** fiziki şəxslər.

**2.4. Elektron xidmətin təqdim olunma yeri:** [http://www.health.gov.az](http://www.health.gov.az/); http://www.e-gov.az

**2.5. Elektron xidmət barədə məlumatlandırma:**

İnternet ünvanı: [http://www.health.gov.az](http://www.health.gov.az/); http://www.e-gov.az

Elektron poçt: [office@e-health.gov.az](mailto:office@e-health.gov.az)

Telefon: 012-431-38-28

**2.6. Elektron xidmətin göstərilməsi üçün tələb olunan sənədlər və onların təqdim olunma forması**

Elektron xidmətdən istifadə etmək üçün istifadəçi, şəxsiyyətini təsdiq edən sənədin nömrəsini və fin kodunu daxil etməlidir.

**3. Elektron xidmətin göstərilməsi üçün inzibati prosedurlar**

**3.1. İnteraktiv elektron xidmətlər üçün sorğu:**

**3.1.1. Sorğunun formalaşdırılması:** İstifadəçi bu reqlamentin 2.4-cü bəndində göstərilən internet ünvanlarına daxil olub şəxsiyyət vəsiqəsinin nömrəsini və fin kodunu daxil edir və qeydiyyatdan keçir. Qeydiyyatdan keçdikdən sonra özünə istifadəçi adı və şifrəsi təyin edir.

**3.1.2. Sorğunun qəbulu:** Bu reqlamentin 3.1.1-ci yarımbəndində göstərilən məlumatlar istifadəçi tərəfindən daxil edildiyi andan  sorğu qəbul olunur.

**3.2. Elektron xidmətin göstərilməsi və ya imtina edilməsi:**

**3.2.1. Sorğunun yerinə yetirilməsindən imtina halları:**Bu reqlamentin 3.1.1-ci yarımbəndində göstərilən məlumatlar  düzgün daxil edilmədikdə, sorğunun yerinə yetirilməsindən imtina olunur.

**3.2.2. Sorğunun qəbulu:**Bu reqlamentin 3.1.1-ci yarımbəndində göstərilən məlumatlar  düzgün daxil edildikdə, sorğu qəbul olunur.

**3.3. Sorğunun icrası:**

**3.3.1. Ardıcıl hər bir inzibati əməliyyat, o cümlədən məsul şəxs haqqında məlumat:**Elektron xidmət tam avtomatlaşdırıldığı üçün onun icrası ilə bağlı inzibati əməliyyatlar mövcud deyil.

**3.3.2. İnzibati əməliyyatda iştirak edən digər dövlət orqanı haqqında məlumat:**Yoxdur.

**3.4. Elektron xidmətin yerinə yetirilməsinə nəzarət:**

**3.4.1. Nəzarət forması:** Daxil olan müraciətlərin avtomatlaşdırılmış rejimdə təşkil olunmuş mütəmadi monitorinqi.

**3.4.2. Nəzarət qaydası:** Monitorinq nəticəsində müraciətlər barədə toplanılan məlumatlar xüsusi məntiqi sxemlər üzərində işlənilmiş proqram təminatı vasitəsilə yoxlanılır, müraciətlərin tamlığı və cavabların verilmə sürətinə dair, eləcə də icra zamanı baş verən nöqsanlar barədə hesabatlar tərtib olunur. Həmin hesabatlar sistemin fəaliyyətinə məsul olan şəxslər tərəfindən daim izlənilir. Elektron xidmətin yerinə yetirilməsinə nəzarəti Nazirliyin Səhiyyənin İnformasiyalaşdırılması Mərkəzi həyata keçirir.

**3.5. Elektron xidmətin göstərilməsi üzrə mübahisələr:**

**3.5.1. istifadəçinin şikayət etmək hüququ haqqında məlumat:**İstifadəçi  elektron xidmətlə bağlı onu razı salmayan istənilən məsələ barədə inzibati qaydada yuxarı vəzifəli şəxsə və ya məhkəməyə şikayət edə bilər.

**3.5.2. şikayətin əsaslandırılması və baxılması üçün lazım olan informasiya:**Şikayət, kağız üzərində və elektron qaydada tərtib oluna bilər. Kağız üzərində şikayət nazirliyin poçt ünvanına, elektron şikayət isə bu reqlamentin 2.5-ci bəndində göstərilən elektron poçt ünvanına göndərilməlidir. Şikayət, “İnzibati icraat haqqında” Azərbaycan Respublikası Qanununun 74.2-ci maddəsinin tələblərinə uyğun olmalıdır.

**3.5.3. şikayətin** **baxılma müddəti:** İnzibati qaydada şikayətə “İnzibati icraat haqqında” Azərbaycan Respublikası Qanununun 78.1-ci maddəsinə əsasən 1 ay müddətində baxılır və qərar verilir.

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| “Doğum haqqında tibbi şəhadətnamə”  elektron registrindən məlumatların verilməsi üzrə inzibati reqlamentə  http://huquqiaktlar.gov.az/repo.aspx?id=60829   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | http://huquqiaktlar.gov.az/repo.aspx?id=60830**Azərbaycan Respublikası Səhiyyə Nazirliyi**                         Vətəndaşların Elektron Sağlamlıq Kartı Sistemi            **№**  **DOĞUM HAQQINDA TİBBİ ŞƏHADƏTNAMƏ № AZS-103**  Səhiyyə Nazirliyinin 2 oktyabr 2001-ci il tarixli 100 saylı əmri ilə təsdiq edilmişdir  **ANA HAQQINDA MƏLUMAT                         ATA HAQQINDA MƏLUMAT**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Şəxsiyyət vəsiqəsi | Seriya |  | № |  | | Seriya |  | № |  | | | | Soyadı |  | | | | |  | | | | | | | Adı |  | | | | |  | | | | | | | Atasının adı |  | | | | |  | | | | | | | Milliyyəti |  | | | | |  | | | | | | | Vətəndaşlıq |  | | | | |  | | | | | | | Təhsili |  | Ailə vəziyyəti | | |  |  | Ailə vəziyyəti | | |  |  | | Doğum tarixi |  | | | | |  | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |   **DAİMİ YAŞADIĞI YER**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Ölkə |  | | |  | | | | Rayon |  | | |  | | | | Şəhər |  | | |  | | | | Qəsəbə-1/Kənd-2 |  | Adı |  |  | Adı |  | |  |  |  |  |  |  |  |   **UŞAQ HAQQINDA MƏLUMAT                        DOĞULDUĞU YER**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | VESKS kodu |  | Ölkə |  | | | | Soyadı |  | Rayon |  | | | | Adı |  | Şəhər |  | | | | Atasının adı |  | Qəsəbə-1/Kənd-2 |  | Adı |  | | Doğum tarixi |  | Doğuş baş vermişdir |  | | | | Cinsi |  | Xəstəxananın kodu |  | | | | Doğuşu qəbul etmişdir |  | Adı |  | | | | Soyadı |  | Atasının adı |  | | |   **ƏLAVƏ TİBBİ MƏLUMATLAR**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | 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Əgər çoxdöllü doğuşdan doğulubsa, əkizlərdən: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | dir | | | | | | | | | | | | | | | | Uşaq hamiləliyin | | | | |  | həftəsində doğulub. Neçənci hamiləlikdəndir | | | | | | | | | | | | | | | | | |  | | Neçənci doğuşdur | | | | | | | |  | | Doğuşun gedişi | | | | | | | | | | |  | | Bu anadan doğulan uşaqların sayı: diri doğulanlar | | | | | | | | | | | | | | | |  | | Ölü doğulanlar | | | | | |  | Uşağın çəkisi | | | | | | | |  | | | qr. Boyu | | | | | |  | | | | sm. | | | Apqar şkalası: 1 dəq. sonra | | | | | | |  | | bal, 5 dq.sonra | | | | | | | | |  | bal, Diridoğulma əlaməti | | | | | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | Ana doğuşdan | | |  | | | gün sonra | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Hamiləlik dövrünün tibbi risk faktorları | | | | | | | | | | | |  | | | | |  | | | |  | |  | | | | |  | | | |  | | | | | |  | | | | |  | | | | | | Hamiləlik dövrünün başqa risk faktorları | | | | | | | | | | | |  | | | | |  | | | |  | |  | | | | |  | | | |  | | | | | |  | | | | |  | | | | | | Doğuş ağırlaşmaları | | | | | |  | |  | | |  | | |  | | | | Yenidoğulmuşun ağırlaşmaları | | | | | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | | Mama əməliyyatları | | | | | |  | |  | | |  | | |  | | | | Anadangəlmə anomaliyalar | | | | | | | | | | |  | | | |  | | | | | |  | | | | |  | | | | | Qan qrupu və rezus faktor:Yenidoğulmuş | | | | | | | | | | | | |  | | | | | Ata | |  | | | | Ana | | |  | | | Peyvəndlər | | | | | | |  | | | |  | | | | |  | | | Tibbi şəhadətnaməni verən müəssisənin kodu | | | | | | | | | | | | | | |  | | | | | | | Adı | |  | | | | | | | | | | | | | | | | | | | | | | | | | Həkimin soyadı | | | |  | | | | | | | | | | | | | | | | | | Verildiyi tarix | | | | | | | | |  | | | | | | | | | | | | | | | | | | Adı | | | |  | | | | | | | | | | | | | | | | | | M.Y. | | | | | | | | | | | | | | | | | | | | | | | | | | | Vəzifəsi | | | |  | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |

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| *Əl ilə dəyişiklik etmək qadağandır.*  Qanunvericiliyə əsasən doğumun dövlət qeydiyyatı məcburidir. Uşağın doğulduğu gündən bir ay ərzində onun doğulduğu, yaxud valideynlərinin yaşadığı ərazi üzrə Ədliyyə Nazirliyinin qeydiyyat şöbəsinə və ya icra hakimiyyətinin nümayəndəliyinə tibbi şəhadətnamə, valideynlərin şəxsiyyətini təsdiq edən sənədlər, eləcə də onların nikahı və doğumu haqqında şəhadətnamələr təqdim olunmalıdır. Qeyd olunan müddətdə müraciət olunmamasına görə valideynlər inzibati məsuliyyətə cəlb olunurlar. |