



DIRECTORATE OF DRUG CONTROL  
Department of Health & Family Welfare, Government of Odisha

**USER MANUAL**  
**OF**  
**LMS (LICENSE MANAGEMENT SYSTEM)**  
**(FOR APPLICANT)**

**PREPARED BY:**

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## 1. Introduction

Licensing Management System (LMS) a web based application to track and trace the activities of Drug Controller, District Drug Controller, Additional Drug Controller, Drugs Inspectors, Licensee's, Testing Laboratory etc. This system also enables drug retailer, distributor and manufacturer to apply for online licensing of their drugs license. Moreover, the entire process of licensing, starting from drug inspector's verification report to the approval of Drugs Controller are being carried out on online. In this system, the existing workflow of different users has been managed and role access has been provided to the stakeholders to help them in tracking of the work progress and status report at any point of time. The system provides various analytical and graphical reports based on the MIS. Citizens can also access the system and apply online for Grant/Renew of License, Register Complain or Grievance for any drugs and know the status at any point of time.

## 2. Purpose of user manual

This User Manual provides complete information about the usage of the system. The user can refer the user manual to understand the process and utilize the system effectively. This manual includes a description of the system functions and features, contingencies and alternate modes of operation, and step-by-step procedures for easy system access and use.

## 3. Login to the Website

The screenshot displays the login interface for the Directorate of Drugs Control. At the top, the header includes the organization's name, 'DIRECTORATE OF DRUGS CONTROL', and its affiliation with the Department of Health & Family Welfare, Government of Odisha. A logo for the National Health Mission is also present. The main content area is divided into two sections: a large image of a pharmacist handling a tray of pills labeled 'Pharmacist Information Management System', and a login form. The login form includes tabs for 'New Applicant' and 'Existing', a 'Click here to Apply' button, and an 'Official Login' section with fields for Username, Password, User Type (a dropdown menu), and Security Code. There are 'Login' and 'Reset' buttons at the bottom of the form. The footer contains six navigation icons: Retailer Details, Wholesaler Details, Manufactures Details, Consumer Awareness, NSQ Drugs, and Enforcement. Copyright information at the bottom states: © Copyright 2016 Directorate of Drugs Control, All Rights Reserved | Designed & Developed by Luminous Infoways.

( fig. Web Screen 1: Displaying the Login point to the website)

The User has to perform following actions for logging into the Website.

- i. Type the URL : <http://dcodishaonline.nic.in> into the address bar.
- ii. Press enter button from your keyboard, after that **Homepage will appear** displaying **Licensing Management System** with applicant registration panel as shown in the following fig. Web Screen 1.

#### **4. LMS Registration process**

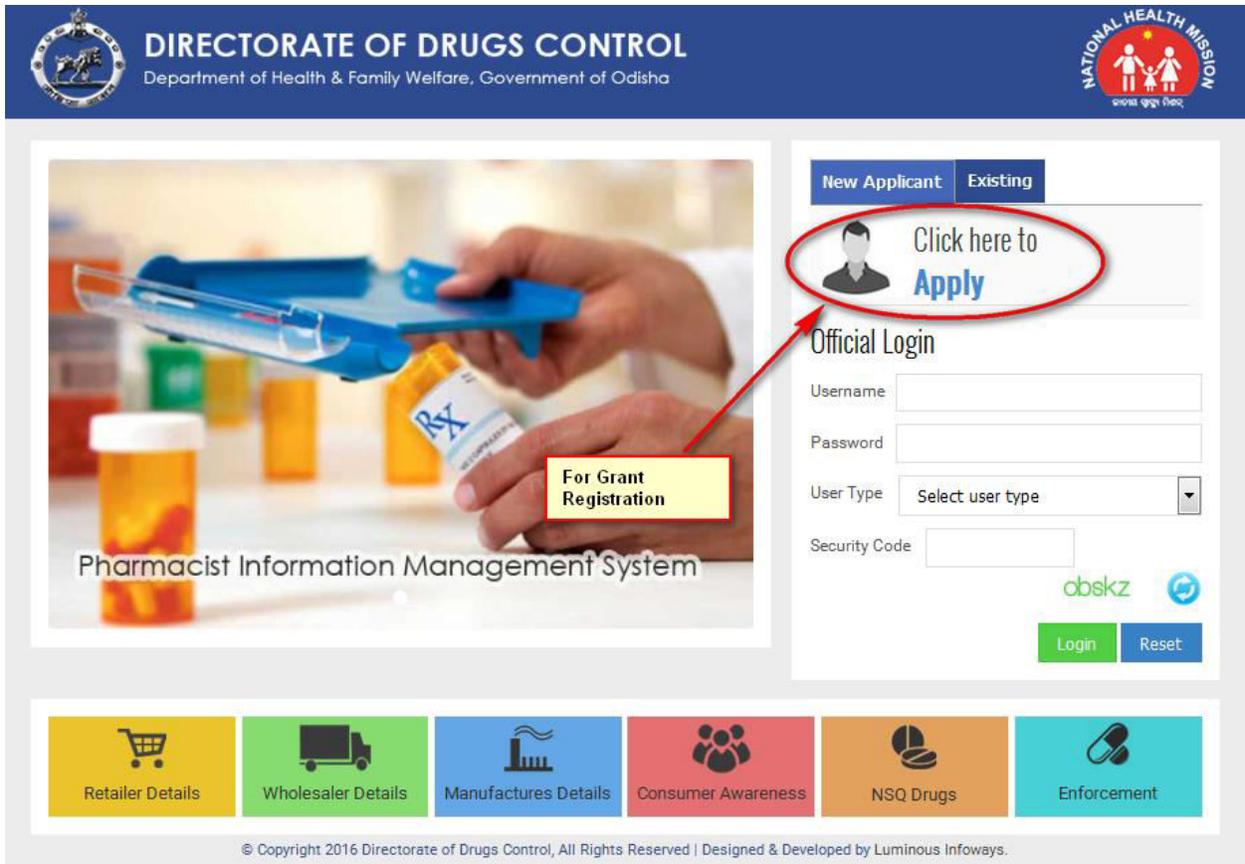
In this section applicant fill up the form for the purpose of registration, and this section have 4 types of registration followed by:

- 1. Online Application For Grant of Retail Drug License**
- 2. Online Application For Grant of Wholesaler**

##### **4.1. Online Application For Grant of Retailer Registration**

###### **Steps:**

- Launch the Web Browser
- Enter the URL <http://dcodishaonline.ic.in> in the URL bar
- Then click o “Enter” button from the keyboard, it will display the home page as shown in the *fig. Web Screen 1*.
- Now the Retailer click on the “Click here to Apply” button as shown in the *fig. Web Screen 2*.



(fig. Web Screen 2)

Process:

4.1.1 Click on the “Click here to Apply”, Applicant will get the following screen:

Registration [Back to home](#)

**First Name:**\*   
**Last Name:**\*   
**ID Proof :**\* --Select--   
**Registered for:**\* --Select--

**Middle Name:**   
**Mobile:**\*   
**ID Proof No:**\*   
**Apply For:**\* --Select--

( fig. Web Screen 3 )

In this page the applicant has to give his/her Full Name, Mobile number in the given text box .In **identification proof** field applicant has to click or choose one option(Driving License, Pan card, Passport, Adhar card) after clicking one of it, the applicant has to fill the given identification proof no. in the given text box. In **Registered For** field applicant has to choose “Retailer” From the drop down list, in **Apply For** field applicant has to choose “New” From the drop down list and click on submit Button, After that applicant will get a confirmation Code on his/her given number. Then the applicant has to put that code in the **OTP Confirmation** box and click on “**Final Submit**” button as shown in below screen:

The screenshot shows a web form titled "Registration" on the Directorate of Drugs Control website. The header includes the organization's name and logo, along with the National Health Mission logo. The form fields are as follows:

Field	Value
First Name	Soma
Last Name	Nanda
Middle Name	
Mobile	9438282426
ID Proof	Aadhaar Card
ID Proof No.	45698745
Registered for	Retailer
Apply For	New
OTP Confirmation	31568

Buttons: Final Submit (green), Reset (blue). A "Resend" link is next to the OTP field. A "Back to home" link is in the top right.

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( fig .Web Screen 4 )

4.1.2 Click on the “Final Submit”, Applicant will get the following screen:

## Before Proceeding for Registration Please Read Details Below

Statutory form

Form 19C Form 19 Form C

Self Declaration format of RP with full signature and date.

Self Declaration format of CP with full signature and date.

LIST OF DRUGS HANDED OVER AND TAKEN OVER FORMAT IN CHANGE OF CONSTITUTION/PRIMISES.

### DOCUMENTS/CHECKLIST FOR RETAIL DRUG LICENCE (PROPRIETORSHIP FIRM)

1. Educational Qualification certificate of applicant.
2. Educational Qualification certificate of Regd. Pharmacist and valid O.P.C.Regd. Certificate (self attested by applicant with full signature and date)

Are you sure you want to proceed further for registration

Proceed

Cancel

( fig. Web Screen 5)

In this page applicant starts the Retailer Registration process by filling up the form. The fields to be filled up by the applicant are the following.

- First the applicant has to enter his/her Full name in the provided text box.
- Then the applicant has to enter his/her Father's name.
- Applicant has to fill up the "Date of Birth", "Email" in provided text box.
- The Mobile number have automatically redirected from the previous page, and also the applicant can change the Mobile number in the text box.
- The Phone number have to be filled up by the applicant.
- Applicant has to fill the security code by seeing the code.
- After successfully filled up all the details, the applicant will get his/her **User ID & Password** in the applicant given Mobile number for the further registration process by clicking on the "**Submit**" button.

**4.1.3** Click on the "Submit", Applicant will get the following screen:

**Registration(Retailer)**

All the \* marked fields are mandatory.

Name of The Firm :\* Subham medicine store      Applicant Type:\* Proprietorship

**Proprietor / Partner / Director Details**

Name:\* dfg hjk      Mobile:\* 9777321599      Wife Of/Son Of/Daughter Of :\* s.k sahoo      Correspondence Address :\* at-forest park ,bbsr

Permanent Address :\* at-forest park ,bbsr      Educational Qualification :\* B.pharm      Photo :\*  2222222.jpg  
(Allow .jpg, .jpeg and file size limit 150 kb)

ID Proof :\*       ID Proof No:\* 45612      Upload ID Proof:\*  AADHAR CARD.pdf  
(Allow .jpg, .jpeg, .doc, .docx, .pdf and file size limit 100 kb)

State :\* Odisha      District :\* Balasore

Zone :\* Central Zone      Police Station :\* Sora P S

Range :\* Balasore Rural      Address of the Firm:\* At:Sora ,Balasore

Email :\* dassunil@gmail.com      Pin Code :\* 756028

Security Code

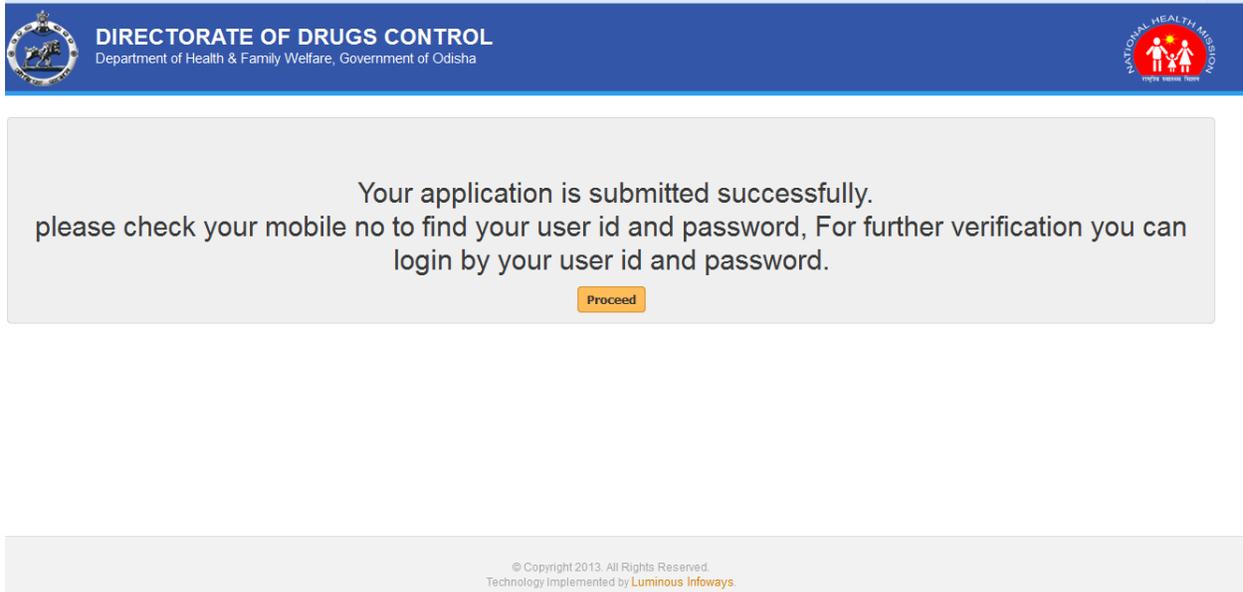
( fig. Web Screen 6)

In this page applicant starts the Retailer Registration process by filling up the form. The fields to be filled up by the applicant(All the Fields are Mandatory) are the following.

- Applicant “Name”, “Fathers name”, “Date of Birth”, “Email”, “Mobile number” are auto filled as the applicant has saved this data previously by clicking Submit Button.
- Then applicant has to give his/her Permanent Address & Correspondence Address in the respected text box.
- Applicant has to choose the Gender in the given drop down list.
- Applicant must have to fill the nationality.
- In **Educational Qualification** field applicant have to fill the “Name of School/College” , ”Degree of Qualification”, “Year of passing” , ”Board/University” in provided text box , if applicant wants to give more than 1 Educational Qualification Detail then the applicant has to click add option and fill the text box.
- The applicant must have to upload his/her photo by browsing from the saved file.
- The applicant must have to upload his/her signature photo copy by browsing from the saved file.
- In **identification proof** field applicant has to click or choose one / more than one options(Driving License, Pan card, Passport, Adhar card) after clicking one of it, the applicant has to fill the given identification proof no.

after that applicant has to upload a photo copy of that ID Proof by browsing from the saved files.

- In **Please send the Hard copy of the form along with the copies of documents** field the client have to click/choose one or more than one option( HSC(10th), Intermediate(+2), Board/University certificate, Residential certificate).
- Applicant has to fill the security code by seeing the code.
- After successfully filled up all the details client have to click the apply button, then applicant will get the following screen:



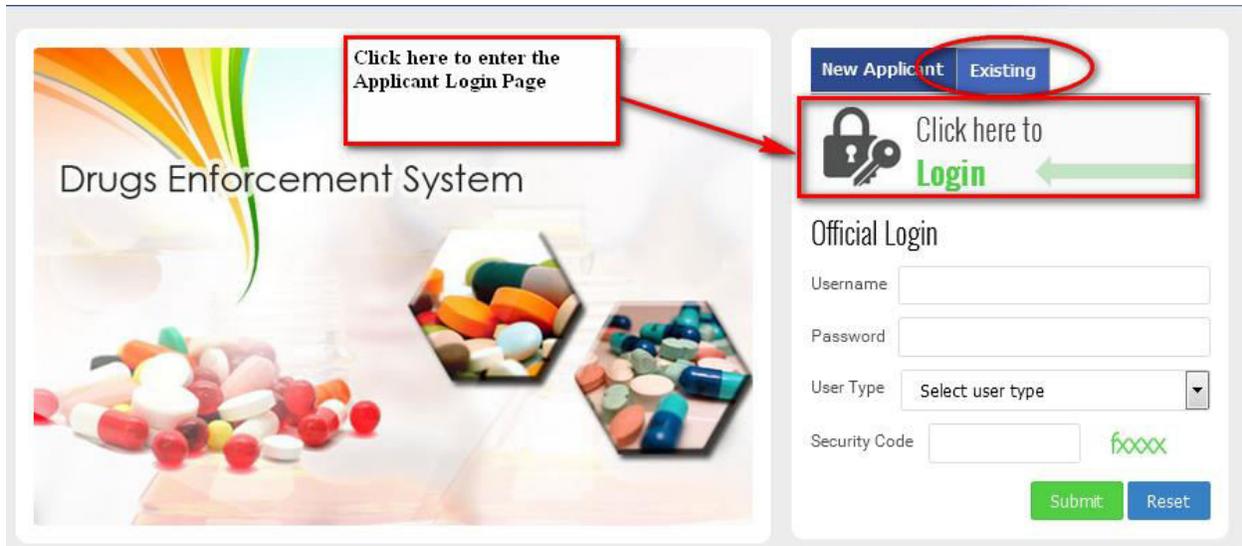
( fig .Web Screen 7)

#### 4.1.4 Applicant login page (Existing Applicant):

After successful registration all the applicant will be provided with an authenticated Login Id & Password in there registered/given mobile number to access applicant dashboard panel.

##### **Steps:**

- Launch the Web Browser
- Enter the URL <http://dcodishaonline.ic.in> in the URL bar
- Then click on “Enter “ button from the keyboard, it will display the home page as shown in the *fig. Web Screen 1*.
- Then click on “**Existing**” after clicking it click on “Click here to Login” as shown below:



( fig. Web Screen 8)

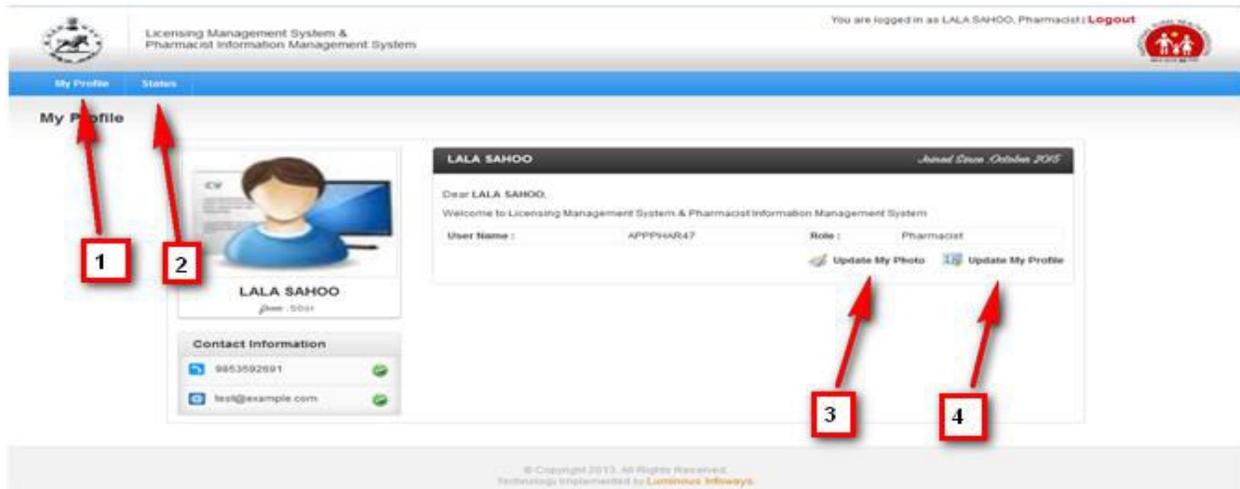
Process: Click on “Click here to Login”, Applicant will get the following screen:



( fig. Web Screen 9)

(Applicant Login Page)

In the above figure type your log in id & password then enter the Security code as shown and click on log in Button, applicant will get the below screen.



( fig. Web Screen 10)

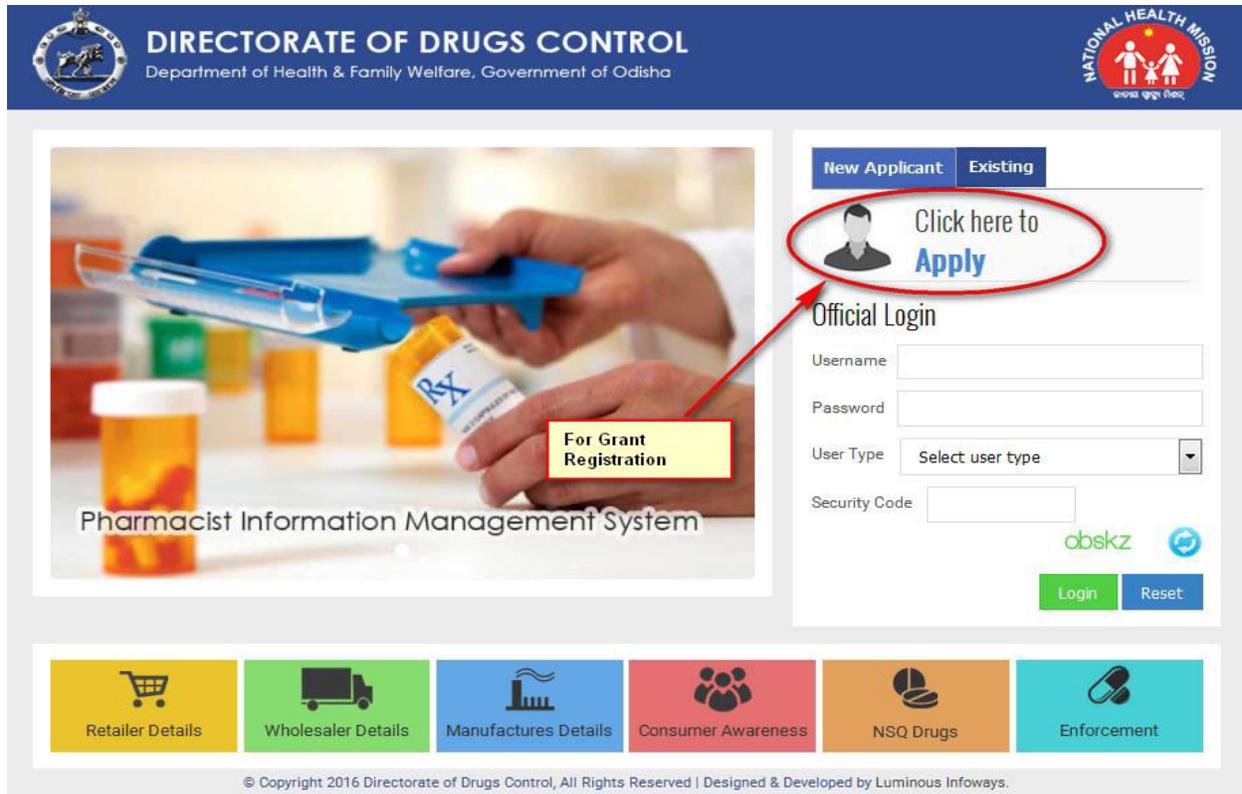
1. click on My Profile as shown in the above figure Where applicant can view his/her details(like Mobile Number, photo etc.).
2. click on Status as shown In the above figure where applicant view his/her application status details(Like Physical Verification date, update of physical verification, Registration no.).
3. click on update My Photo applicant can update his/her own photo by browsing it from save file.
4. click on update My profile applicant can update his/her Profile.

## 4.2. Online Application For Grant of Retail Drug License

### Steps:

- Launch the Web Browser
- Enter the URL <http://dcodishaonline.ic.in> in the URL bar

- Then click on “Enter “button from the keyboard, it will display the home page as shown in the fig. *Web Screen 1*.
- Now the applicant click on the “Click here to Apply” button as shown in the fig. *Web Screen 11*.



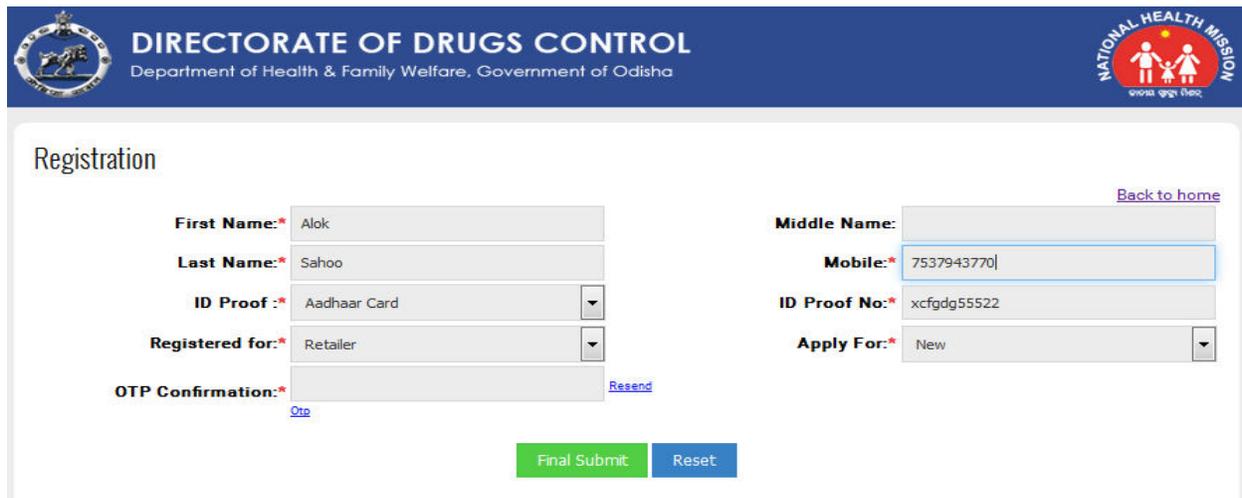
(fig. Web Screen 11)

### Process:

4.2.1 Click on the “Click here to Apply”, Applicant will get the following screen:

( fig. Web Screen 12)

In this page the applicant has to give his/her Full Name, Mobile number in the given text box .In **identification proof** field applicant has to click or choose one option(Driving License, Pan card, Voter id, Passport, Adhar card) after clicking one of it, the applicant has to fill the given identification proof no. in the given text box. In **Registered For** field applicant has to choose “Retailer” From the drop down list, in **Apply For** field applicant has to choose “New” From the drop down list and click on submit Button, After clicking on it applicant will get a confirmation Code on his/her given number. Then the applicant has to put that code in the **OTP Confirmation** box and click on “**Final Submit**” button as shown in below screen:



The screenshot shows a registration form titled "Registration" from the Directorate of Drugs Control, Government of Odisha. The form contains the following fields and options:

- First Name:** Alok
- Last Name:** Sahoo
- ID Proof:** Aadhaar Card (dropdown menu)
- Registered for:** Retailer (dropdown menu)
- Mobile:** 7537943770
- ID Proof No.:** xcfgdg55522
- Apply For:** New (dropdown menu)
- OTP Confirmation:** (empty text box with a "Resend" link and an "Otp" link below it)

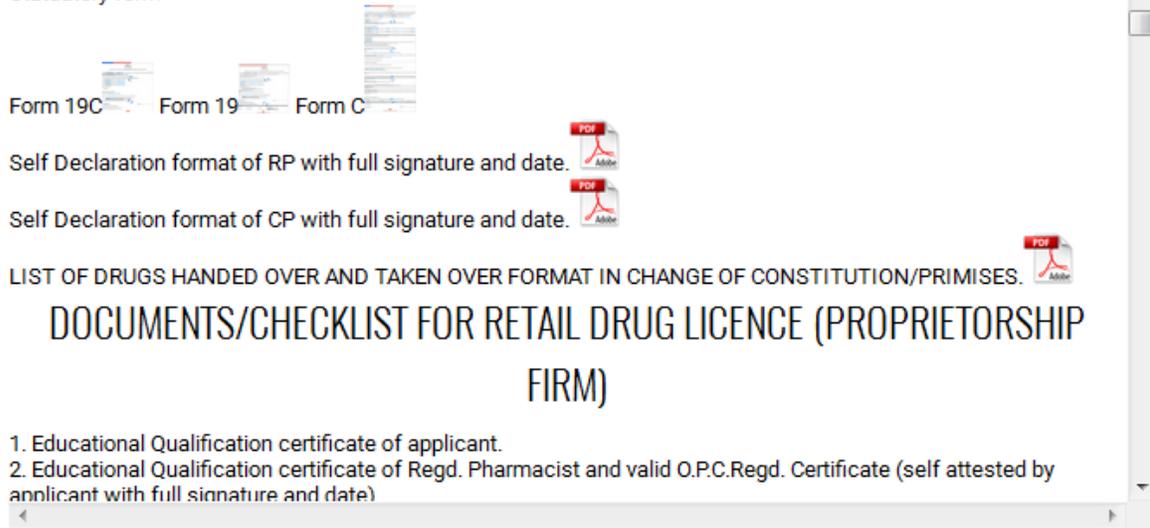
At the bottom of the form, there are two buttons: "Final Submit" (green) and "Reset" (blue). A "Back to home" link is located in the top right corner of the form area.

( fig. Web Screen 13)

**4.2.2** Click on the “**Final Submit**”, Applicant will get the following screen:

## Before Proceeding for Registration Please Read Details Below

Statutory form



Form 19C   Form 19   Form C

Self Declaration format of RP with full signature and date.

Self Declaration format of CP with full signature and date.

LIST OF DRUGS HANDED OVER AND TAKEN OVER FORMAT IN CHANGE OF CONSTITUTION/PRIMISES.

### DOCUMENTS/CHECKLIST FOR RETAIL DRUG LICENCE (PROPRIETORSHIP FIRM)

1. Educational Qualification certificate of applicant.
2. Educational Qualification certificate of Regd. Pharmacist and valid O.P.C.Regd. Certificate (self attested by applicant with full signature and date)

Are you sure you want to proceed further for registration

Proceed

Cancel

In this Declaration page applicant will get the information about Documents/Checklist for applying (Retail & Wholesale Drug Licence):

**4.2.3** Click on the “**Proceed**”, Applicant will get the following screen:

**Registration(Retailer)**

All the \* marked fields are mandatory.

Name of The Firm :\*  Applicant Type :\*

**Proprietor / Partner / Director Details**

Name :\*  Mobile :\*  Wife Of/Son Of/Daughter Of :\*  Correspondence Address :\*

Permanent Address :\*  Educational Qualification :\*  Photo :\*  No file selected. (Allow jpg, jpeg and file size limit 150 kb)

ID Proof :\*  ID Proof No :\*  Upload ID Proof :\*  No file selected. (Allow jpg, jpeg, doc, docx, pdf and file size limit 100 kb)

State :\*  District :\*

Zone :\*  Police Station :\*

Range :\*  Address of the Firm :\*

Email :\*  Pin Code :\*

Security Code

(Fig. Web Screen 14)

In this page applicant starts the Retailer Registration process by filling up the form. The fields to be filled up by the applicant are the following.

- First the applicant has to enter The **Firm name** in the provided text box
- Applicant has to choose The **Applicant Type**(Having options Proprietor, Partner, Private Limited, Limited), If applicant choose Applicant type other than Proprietor then an add option will come For Partner details as show below Where the applicant has to choose 1 of the Partner /Director as **Managing Partner/Manging Director/Power of Attorney Holder/Auth. Signatory** by Selecting in **Applicant Catagory**.

**Registration(Retailer)**

All the \* marked fields are mandatory.

Name of The Firm :\*  Applicant Type :\*

**Proprietor / Partner / Director Details**

Name :\*  Mobile :\*  Wife Of/Son Of/Daughter Of :\*  Applicant Category

Permanent Address :\*  Educational Qualification :\*  Photo :\*  No file selected. (Allow jpg, jpeg and file size limit 150 kb)

ID Proof :\*  ID Proof No :\*  Upload ID Proof :\*  No file selected. (Allow jpg, jpeg, doc, docx, pdf and file size limit 100 kb)

Correspondence Address :\*    
Managing Partner  
Managing Director  
Power of Attorney Holder  
Auth Signatory

(fig. Web Screen 15)

- In Proprietor/Partner Details First applicant has to enter his/her Full name in the provided text box.
- The **Mobile** number have automatically redirected from the previous page, and also the applicant can change the Mobile number in the text box.

- The applicant must have to upload his/her photo by browsing from the saved file.
- Applicant has to choose the **ID proof** From the Drop down list having options(Driving License, PAN card, Passport, Adhaar Card), after choosing any of it applicant has to give the **ID Proof No.** In the given text box
- Applicant must have to upload photo copy of choosen **ID Proof** by browsing from the saved file.
- The State Box was defaultly saved to ODISHA, The applicant has to choose the **District** where he/she wants to open the firm from the given drop down list.
- After choosing one of the District Applicant has to choose the **Zone** From the Given drop down list.
- When the applicant choose the Zone, In **Police Station** drop down list all the police station under it will come the applicant has to choose one of it.
- The applicant has to choose **Range** From the Given list.
- In **Address** text box applicant has to give the proper Address of the Firm.
- Applicant has to fill up the **”Email”** in provided text box.
- Applicant has to fill the security code by seeing the code.
- After successfully filled up all the details, the applicant will get his/her **User ID & Password** in the applicant given Mobile number for the further registration process by clicking on the **“Apply”** button.
- By clicking on **“Apply”** Button, Applicant will get the following screen



Your application is submitted successfully.  
please check your mobile no to find your user id and password, For further verification you can  
login by your user id and password.

Proceed

( fig. Web Screen 16)

- Then Applicant has to enter the “Proceed” Button, By clicking it the applicant will Directly goes to the Login Page for Further Registration

#### 4.2.3 Click on the “Proceed”, Applicant will get the following screen (Applicant Login Page):



#### Applicant Login

[← Back to home](#)

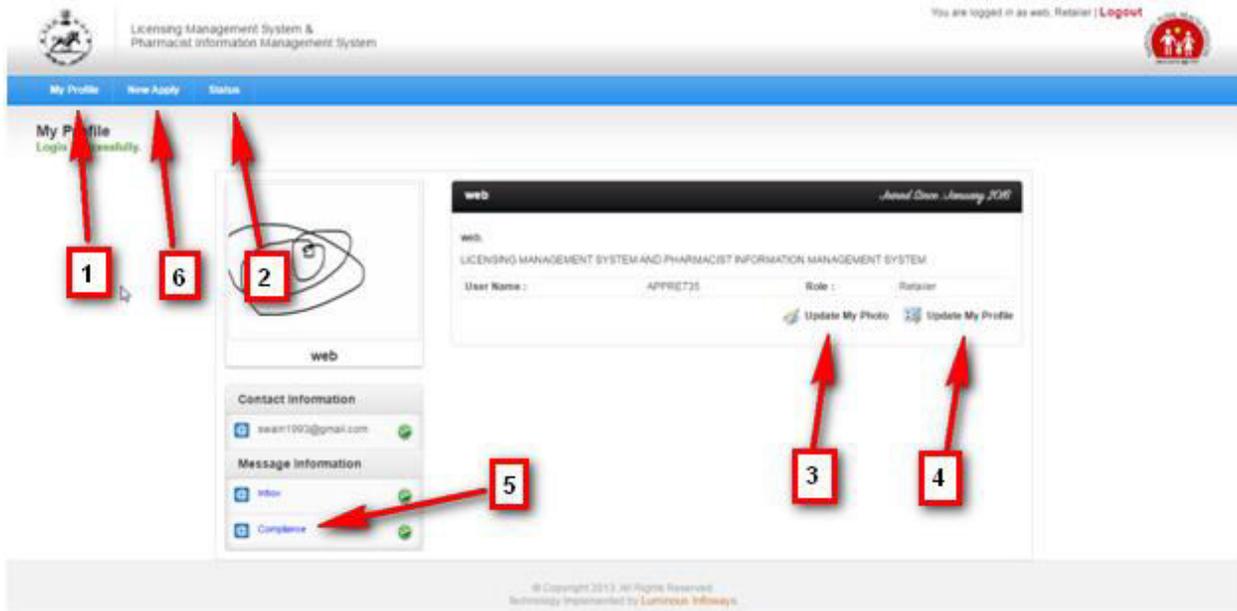


The login form features a cartoon scientist character on the left. The form fields are: USER NAME (with a 'Type Username' placeholder and a user icon), PASSWORD (with a 'Type Password Here' placeholder and a key icon), and Security Code (with a placeholder and a green 'qfwla' security code). Below the fields are 'Login' and 'Cancel' buttons. At the bottom, there is a link: 'To generate username [Click Here](#)'.

( fig. Web Screen 17)

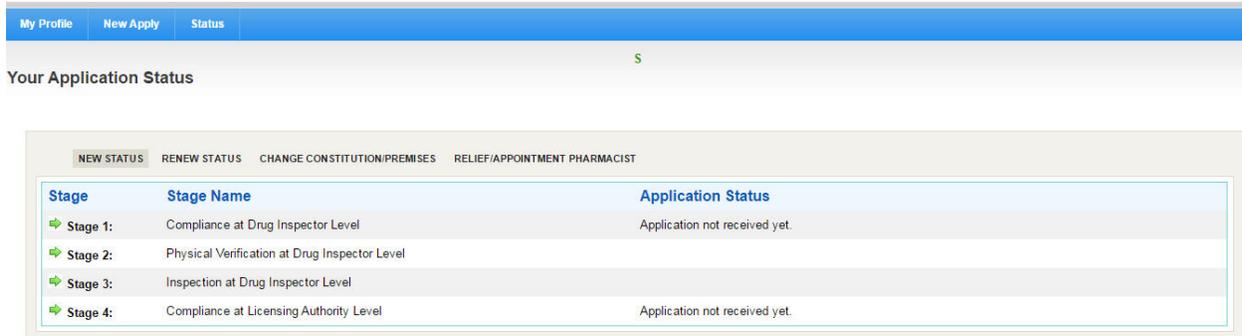
(Applicant Login Page / Refer Web screen 8)

In the above figure applicant has to type log in id & password then enter the Security code as shown and click on log in Button, Applicant will get the below screen.



( fig. Web Screen 18)

- 1.click on My Profile as shown in the above figure Where applicant can view his/her details(like Mobile Number, photo etc.).
- 2.click on Status as shown In the above figure where applicant view his/her application status details(Like Physical Verification date etc).As shown in below screen:

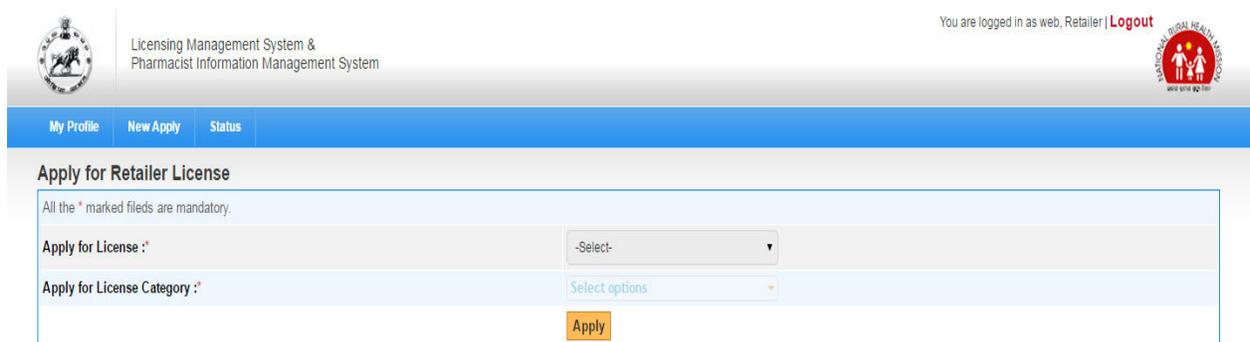


( fig. Web Screen 19)

- 3.click on update My Photo applicant can update his/her own photo by browsing it from save file.

4. click on update My profile applicant can update his/her Profile(Where Applicant can change the password).
5. In Compliance option applicant can see the compliance and also He/She can give the reply or ans of that compliance.
6. Click on “**New Apply**” Applicant has to click it For New registration.

#### 4.2.4 Click on the “**New Apply**”, Applicant will get the below screen:



The screenshot shows a web application interface for the Licensing Management System & Pharmacist Information Management System. The user is logged in as a Retailer. The page title is 'Apply for Retailer License'. A note states 'All the \* marked fields are mandatory.' There are two dropdown menus: 'Apply for License :\*' with a '-Select-' option, and 'Apply for License Category :\*' with 'Select options' as the selected option. An 'Apply' button is located at the bottom of the form.

( fig. Web Screen 20)

In this page applicant has to choose the **Apply For License**(Having options Retailers, Restricted Retailers, Homeopathic Retailers).

- a. If Applicant choose **Restricted Retailers**, then applicant has 2 options in **Apply For License Category** (Those are **1.**Other than those specified in Schedule C, C(1) & X for dealers who do not engage the services of a qualified Person, **2.**Drugs specified in Schedule C & C(1) excluding those specified In X for dealer who do not engage the services of a qualified person) what applicant has to choose according to License category as shown in below screen.

The screenshot shows the 'Apply for Retailer License' form. At the top, there are navigation tabs: 'My Profile', 'New Apply', and 'Status'. Below the title, a note states 'All the \* marked fields are mandatory.' The form contains two main sections: 'Apply for License :\*' with a dropdown menu set to 'Restricted Retailers', and 'Apply for License Category :\*' with a dropdown menu showing '2 selected'. A mouse cursor is pointing at the 'Apply for License Category' dropdown. The dropdown menu is open, displaying two options: '1. Other than those specified in Schedule C,C(1) & X for dealers who do not engage the services of a qualified Person' and '2. Drugs specified in Schedule C & C(1) excluding those specified in X for dealer who do not engage the services of a qualified person'. Both options are checked. Above the list are buttons for 'Check all' and 'Uncheck all'.

( fig. Web Screen 21)

- b. If Applicant choose **Homeopathic Retailers**, then applicant has 1 options in **Apply For License Category** (1.Application for selling Homeopathic medicine by Retail) what applicant has to choose & then applicant will get a box to update **Competent person Details**, as shown in below screen

The screenshot shows the 'Apply for Retailer License' form with the 'Competent Person Details' section expanded. The 'Apply for License' dropdown is now set to 'Homeopathic Retailers' and the 'Apply for License Category' dropdown shows '1 selected'. The 'Competent Person Details' section contains four fields: 'Name :\*' with a text input box, 'Son/Daughter of :\*' with a text input box, 'Photo :\*' with a 'Choose file' button and a note '(Allow .jpg, .jpeg and file size limit 150 kb)', and 'Qualification :\*' with a dropdown menu showing '-Select-'. An 'Add More' link is visible to the right of the section. An 'Apply' button is located at the bottom of the form.

( fig. Web Screen 22)

- c. In This page applicant has to give or fill the Name of the Competent person, Competent persons father's name In the given text box & have to browse applicant photo copy from the saved file. In **Qualification** field applicant has to choose the qualification in the drop down list(Having options B.pharma, D.pharma, M.pharma & others).After choosing one of it a text box will come out for

**Registration No.** where the applicant has to give the registration no. of the competent person as shown in below screen:

Competent Person Details Add More

Name :\*  Son/Daughter of :\*  Photo :\*  No f...sen  
(Allow .jpg, .png and file size limit 150 kb)

Qualification :\*  Registration No. :\*

( fig. Web Screen 23)

- d. If applicant choose other in **Qualification** Field then a text box will come to enter the qualification details of the Competent person. And also applicant can give more than 1 competent persons Details by clicking **Add More** button, as shown in below screen:

Competent Person Details Add More

Name :\*  Son/Daughter of :\*  Photo :\*  No f...sen  
(Allow .jpg, .png and file size limit 150 kb)

Qualification :\*  Registration No. :

---

Name :\*  Son/Daughter of :\*  Photo :\*  No f...sen  
(Allow .jpg, .png and file size limit 150 kb)

Qualification :\*

( fig. Web Screen 24)

- e. If Applicant choose **Retailers**, then applicant has 3 options in **Apply For License Category** (Those are 1.Other than those specified in Schedule C, C(1) & X, 2.As specified in Schedule C, C(1) excluding those specified In Schedule X, 3.Schedule X) what applicant has to choose according to License category as shown in below screen.

## Apply for Retailer License

All the \* marked fields are mandatory.

Apply for License :\* Retailers

Apply for License Category :\* 3 selected

Pharmacist Details

Registration No :\*  Name :\*

✓ Check all ✗ Uncheck all

- 1.Other than those specified in Schedule C,C(1) & X
- 2.As specified in Schedule C,C(1) excluding those specified In Schedule X
- 3.Schedule X

( fig. Web Screen 25)

After choosing one of it/all of it a Pharmacist Details box will come where applicant has to Give or Input the Pharmacist Details (Already registered Pharmacist).And after filling up all the Boxes Applicant has to click **Apply** button for further Registration as shown in Below screen:

Apply for Retailer License

All the \* marked fields are mandatory.

Apply for License :\* Retailers

Apply for License Category :\* 1 selected

Pharmacist Details [Add More](#)

Registration No :\*  Name :\*  Son/Daughter of :\*  Photo :\*  (Allow jpg, jpeg and the size limit 150 kb)

( fig. Web Screen 26)

4.2.5 Click on the “**Apply**”, Applicant will get the following screen:





**FORM-C**

(\*All the fields are mandatory)

**ADDITIONAL INFORMATION TO BE SUPPLIED WITH THE APPLICATION FORM FOR GRANT AND RENEWAL OF LICENCE UNDER DRUGS AND COSMETICS ACT, 1940 AND RULES 1945**

1. Name of all the partners or Director(s)/ Proprietor etc and full residential address of each. (Attested copy of partnership deed/article of memorandum to be attached.)  
 dfjg hjk    Name of father/husband s.k.sahoo    Permanent Address at-forest park ,bbsr    Correspondence Address at-forest park ,bbsr

2. Identification Proof. (\* Choose at least one checkbox)  
 Driving License  
 Passport  
 Aadhaar Card (Submit your Aadhaar No.)

3. Partnership deed to be duly register at IGR (Inspector General Registration, Cuttack or at District Registration / sub-register office).  
 No.    Date

4. What are the educational qualifications of  
 (a) The proprietor/partners/Board of Directors.  
 (Name) dfjg hjk    (Wife Of/Son Of/Daughter Of) s.k.sahoo    (Qualification) B.pharm    (Permanent Address) at-forest park ,bbsr    (Correspondence Address) at-forest park ,bbsr

(b)The name of Registered Pharmacist incharge of the premises (in case of wholesale the name(s) and qualification (s)) of the competent person incharge of sale (incase of wholesale) in the premises with their permanent home address.) along with the experience certificate (Four years for the person having matriculation qualification and one year for the person having graduation(Degree) qualification.) of competent person.  
 kshetrabasi pani,251

(c) Self consent/declaration of Registered Pharmacist/Competent person to work in concerned medicine store in place of affidavit before the Executive Magistrate  YES

(d) 2 No. of self attested stamp size photograph RP/CP submitted photo size(3.5 cm x 2.5cm)  YES  NO

5. What was the business carried on by the applicant during the last three years.

6. Name & permanent address of the salesman/ representative if any, engaged on behalf of the management.  
 Name:   
 Address:  
 Plot/Area:  Village/ Town:  District:  Pincode:

7. Has the applicant ever engaged himself or on his behalf any other person in selling drugs any time prior to this application ? If so, the date together with necessary documentary evidence may be submitted.  
 YES  NO

8. What other business is carried on by the applicant at present.

9. Is the application for fresh licence or renewal.    • NEW

10. Year in which licence was first granted.

11. In the case of renewal particulars of licence first granted under the D & C Act and Rules.

12. Was the application/Licences ever rejected/previously cancelled or suspended or surrendered? If so, provide reason thereof.  
 Rejected  Cancelled  Suspended  Non of these  
 Letter No.  Date

13. Was the applicant ever prosecuted or any case investigation is pending against the applicant or the firm or partners or Directors of the firm under the D& C Act, If so state when.  
 YES  NO

14. (a) The premises has in all  rooms for storage and sale of drugs, the floor area in square feet of each room must be given with a sketch indicating the exact location of the premises with leading roads and the plot No. /Khata No./Holding No. /Door No etc. (please attach the plan of the premises along with the site plan) with the signature of the House owner and tenant and same to be verified by the concerned Drugs Inspector.  
 Area:

Address:

(b) Self Attested copies of documents regarding proof of the ownership of the premises/land or house.  YES  NO  
 15. Whether the applicant is /is not a legal tenant or a licensee thereof Necessary (tenancy agreement) documentary evidence should be enclosed. (Tenancy agreement in stamp paper certified by Notary)  
 YES  NO

16. Does the applicant at present manufactures/sell drugs at any other premises and does the applicant has/have office/offices at any other place other than the premises for which this application has been made?  
 YES  NO

17. Hours of business per working days.

18. Name of the trade or professional association of which the applicant is a member and the date of commencement of membership.  
 YES  NO

I  Dfg Hjk(Proprietorsh) Son/Daughter of Shri S.k Sahoo Age  Year  resident of Dist  Odisha, hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved false/not true, I will face the punishment as per the law. Also, all the benefits availed by me shall be summarily withdrawn.

Date  Signature \_\_\_\_\_

**Save**  
 (Saving the FORM will redirect you to Next FORM)

( fig. Web Screen 28)

**FORM 19-C**  
 [See Rule 59(2)]

(\* All the fields are mandatory)

Application for grant or renewal of a (Licence to sell, stock, exhibit or offer for sale, or distribute) drugs specified in schedule X

1. I  of M/s.  hereby apply for a licence to retail drugs specified in Schedule X to the Drugs and Cosmetics Rules, 1945.  We operate a pharmacy on the premises, situated at

2. The sale and dispensing of drugs will be made under the personal supervision of the qualified persons mentioned below--  
 (Name)  (Regd.No.)-

3. Name of drugs to be sold.  
 Schedule X.

4. Particulars of storage accommodation.  
 Seperate Cup-Board and Almira with Lock and Key Privision.

5. A fee of rupees  has been credited to the Government account under the head of  
  
 account

Date  Signature \_\_\_\_\_

To be deleted if drugs will be sold only by wholesale.  
 Required only if products requiring special storage are to be sold.

**Save**

Here also applicant has to fill all the fields to go for further registration, after filling all the field applicant has to click “**Save**” button. Like this when applicant fills all the Forms(According to the License Category What the applicant has chosen) then it goes to the **Check list** form as shown in below screen:

The screenshot shows the web interface of the Directorate of Drugs Control, Odisha. The header includes the organization's name and logo, and a user login status. The main content area displays a confirmation message: "Your Application has been registered." Below this, a note states: "(The Scanned Copy of all the documents mentioned below must be uploaded against the document names)". A document checklist follows, listing various required documents with checkboxes for upload. A "Save" button is located at the bottom of the checklist area.

**DIRECTORATE OF DRUGS CONTROL**  
Department of Health & Family Welfare, Government of Odisha

You are logged in as Subham medicine store, Retailer | Logout

My Profile | New Apply Process | Status

Form19 | FormC | Form19C | **Checklist** | Print

Your Application has been registered.

(The Scanned Copy of all the documents mentioned below must be uploaded against the document names )

H/R Agreement,Partnership deed,Memorandum of article of association(Allowed file size 4MB ) Others (1MB)

**Document Checklist: ( Only pdf/jpg/jpeg Files allowed and Maximum size is upto 4MB ):**

- \*Educational Qualification Certificate of Applicant
- \*Educational Qualification certificate of Regd Pharmacist and valid OPC Regd Certificate self attested by applicant with full signature and date
- \*ID proof of applicant
- \*Purchase bill or invoice of Refrigerator issued in favour of firm or applicant
- \*Specimen signature of Regd Pharmacist which shall be appeared in the sales invoices prescription and special register.
- \*Tenancy or House rent Agreement certified by notary
- \*Patta or Khatian or Documentary Evidence in support of ownership of land and NOC from Co HouseOwner (Wherever applicable) (self attested by applicant with full signature and date)
- \*Location and layout sketch map of premises duly signed by applicant as well as houseowner
- \*Original Copy of Treasury Challan
- \*Character and Antecedent verification Certificate or Police Verification certificate of Applicant
- \*Self Declaration of Regd Pharmacist in the prescribed format with full signature and date

*Submission of incomplete/improper documents will not be entertained and may lead to your rejection & necessary legal action.*

Save

( fig. Web Screen 29)

In this page Applicant has to Upload ( Only pdf/jpg/jpeg Files allowed) the photo copy of the documents by Browsing it from save file. The Documents to be Upload by the applicant are the following.

### Documents/Checklist for applying (Retail & Wholesale Drug Licence)

1. Qualifying exam certificate of applicant
2. Qualifying exam certificate of CP (Incase of wholesale drug licence)
3. Qualifying exam certificate of RP and Registration Certificate
4. ID proof of applicant
5. Purchase receipt / invoice of Refrigerator.
6. Experience certificate of C.P. (if any) (Incase of wholesale drug licence)

7. Specimen signature of RP/CP as to be appeared in the sales invoices and prescription/special register.
8. Tenancy/house rent agreement.
9. Patta/Khatian/documentary evidence in support of ownership hand and NOC from Co-houseowner (where ever applicable).
10. Location and layout sketch map of premises dully signed by applicant as well as houseowner.
11. Original copy of Treasury Challan.
12. Character and Antecedent Certificate/Police verification certificate of applicant.
13. Declaration of RP/CP in the prescribed format with full signature and date (PDF format)
14. Registered Partnership deed (to be duly register at Inspector General Regulation, Cuttack or at District Registration/Sub-register Office).
15. Memorandum and Article of Association with company Registration Certificate (in case of Ltd. and Pvt. Ltd. firm).
16. Copy of Resolution of Board of Directors (in case of Ltd. and Pvt. Ltd. firm).
17. Letter of Authorisation from Partners/Directors for filling application as Authorised Signatory/Power of Attorney Holder/Managing Partner / Managing Director .

**Documents/Checklist for Homoeopathic Retail & Wholesale Drugs Licences.**

1. Qualifying exam certificate of applicant.
2. Qualifying exam certificate of Competent Person (Registration Certificate of C.P incase of Registered Homoeopathic Practitioner).
3. ID proof of applicant.
4. Experience certificate of C.P (if any)
5. Tenancy/house rent agreement.

6. Patta/Khatian/documentary evidence in support of ownership hand and NOC from Co-houseowner (where ever applicable).
7. Location and layout sketch map of premises dully signed by applicant as well as houseowner.
8. Original copy of Treasury Challan.
9. Character and Antecedent Certificate/Police verification certificate of applicant.
10. Declaration of CP in the prescribed format with duly signature and date (PDF format)
11. Registered Partnership deed (to be duly register at Inspector General Regulation, Cuttack or at District Registration/Sub-register Office).
12. Memorandum and Article of Association with company Registration Certificate (in case of Ltd. and Pvt. Ltd. firm).
13. Copy of Resolution of Board of Directors (in case of Ltd. and Pvt. Ltd. firm)
14. Letter of Authorisation from Partners/Directors for filling application as Authorised Signatory/Power of Attorney Holder/Managing Partner / Managing Director .

#### **Documents/Checklist for Wholesale Motor Vehicle**

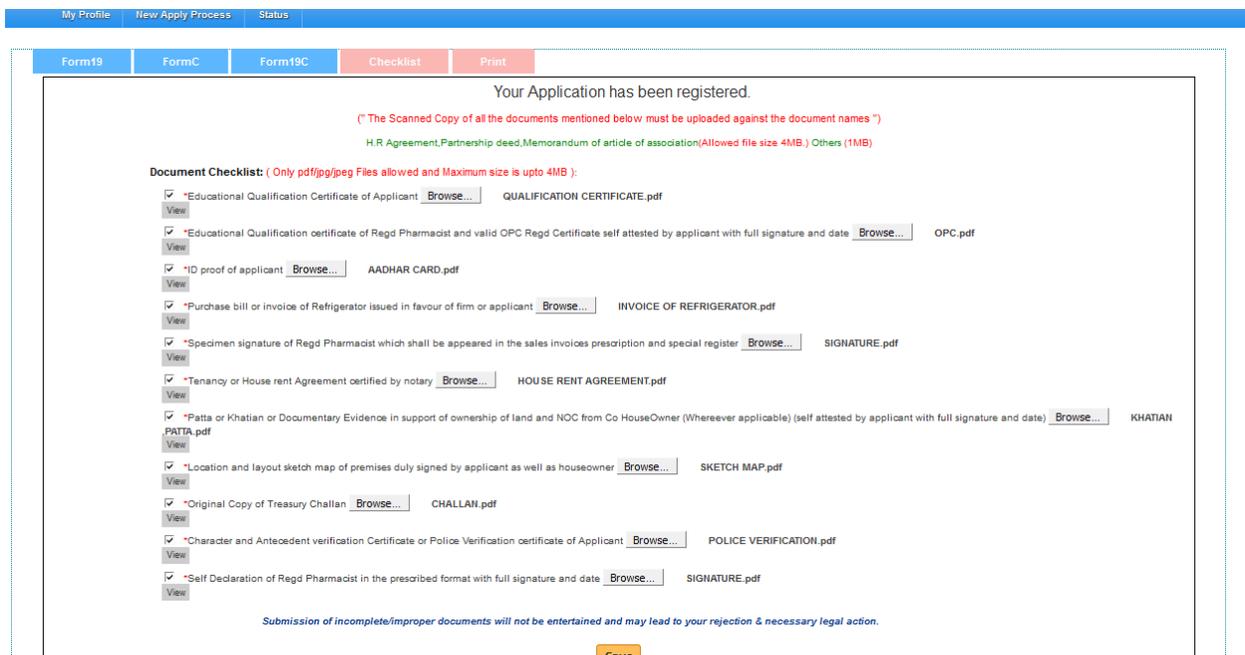
1. Copy of Wholesale Drug Licences (if any, granted to the applicant)
2. Qualifying exam certificate of applicant.
3. ID proof of applicant
4. Registered Partnership deed (in case of partnership firm)
5. Original copy of Treasury Challan
6. Copy of vehicle Registration Certificate and insurance certificate.
7. Driving license of Driver.

#### **Documents/Checklist for applying (Retail & Wholesale Renew Drug Licence)**

1. Tenancy/house rent agreement.
2. Original copy of Treasury Challan

3. Declaration of RP/CP in the prescribed format with full signature and date (PDF format) towards continuing there Job.
4. Declaration of Firm regarding No change of Constitution, Name & Style of the Firm, Premises & RP/CP.
5. Copy of Resolution of Board of Directors (in case of Ltd. and Pvt. Ltd. firm).

After uploading all the Required Document Applicant has to Click/check the Button of Declaration and have to click the “Save Button” to go for Further registration process as shown below.:



My Profile | New Apply Process | Status

Form19 | FormC | Form19C | Checklist | Print

Your Application has been registered.

(\* The Scanned Copy of all the documents mentioned below must be uploaded against the document names \*)

H R Agreement, Partnership deed, Memorandum of article of association (Allowed file size 4MB) Others (1MB)

**Document Checklist:** ( Only pdf/jpg/peg Files allowed and Maximum size is upto 4MB ):

- \*Educational Qualification Certificate of Applicant  QUALIFICATION CERTIFICATE.pdf
- \*Educational Qualification certificate of Regd Pharmacist and valid OPC Regd Certificate self attested by applicant with full signature and date  OPC.pdf
- \*ID proof of applicant  AADHAR CARD.pdf
- \*Purchase bill or invoice of Refrigerator issued in favour of firm or applicant  INVOICE OF REFRIGERATOR.pdf
- \*Specimen signature of Regd Pharmacist which shall be appeared in the sales invoices prescription and special register  SIGNATURE.pdf
- \*Tenancy or House rent Agreement certified by notary  HOUSE RENT AGREEMENT.pdf
- \*Patta or Khatian or Documentary Evidence in support of ownership of land and NOC from Co HouseOwner (Wherever applicable) (self attested by applicant with full signature and date)  KHATIAN PATTA.pdf
- \*Location and layout sketch map of premises duly signed by applicant as well as houseowner  SKETCH MAP.pdf
- \*Original Copy of Treasury Challan  CHALLAN.pdf
- \*Character and Antecedent verification Certificate or Police Verification certificate of Applicant  POLICE VERIFICATION .pdf
- \*Self Declaration of Regd Pharmacist in the prescribed format with full signature and date  SIGNATURE.pdf

*Submission of incomplete/improper documents will not be entertained and may lead to your rejection & necessary legal action.*

( fig. Web Screen 30)

After clicking on “Save” Button A message will come, and in that page u can also **Print** the application form with all the Details what the applicant has given already. As shown in below screen.

The screenshot shows the top navigation bar of the Directorate of Drugs Control website. The header includes the organization's name, logo, and a user login status: "You are logged in as Subham medicine store, Retailer | Logout". Below the header is a menu with "My Profile", "New Apply Process", and "Status". The main content area has a breadcrumb trail: "Form19" > "FormC" > "Form19C" > "Checklist" > "Print" (highlighted in red). The central message states: "You have submitted all required details. Click on View button for details." with a "View" button. Below this, instructions read: "After Print/download, Please Upload all the statutory forms along with documents mentioned in the check-list into a single pdf duly Signed(full signature) by the applicant On each page and Upload the same." with a "Browse..." button. At the bottom of the instruction box is a "Submit" button.

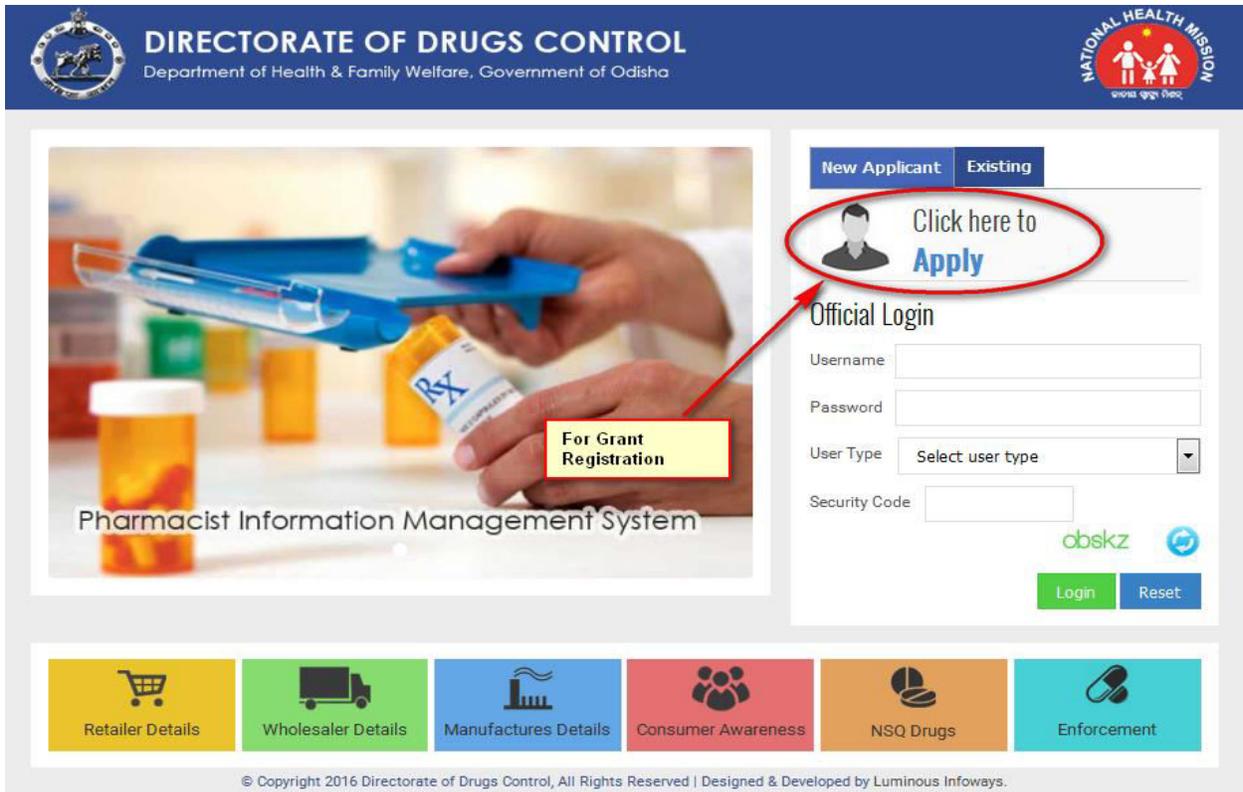
( fig. Web Screen 31)

Applicant must have to Print the Registration Form For further Registration process and after Print/Download, Sign(Full Signature) On each page and Upload the same by clicking on **Browse** button by clicking on **Print** button. On clicking on **Button** button Applicant goes to the Home page as shown in *fig. Web Screen 18*. Where Applicant can see his/her Status of registration & compliance message and also applicant can reply on compliance.

#### 4.3. Online Application For Grant of WHOLESALER

##### Steps:

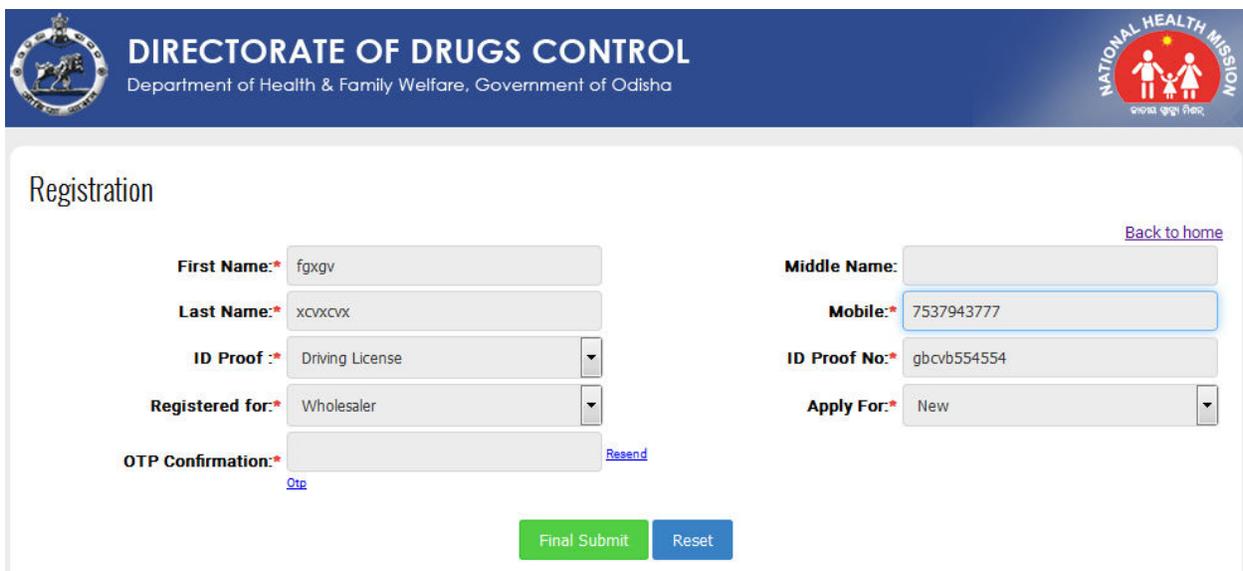
- Launch the Web Browser
- Enter the URL <http://dcodishaonline.ic.in> in the URL bar
- Then click on “Enter” button from the keyboard, it will display the home page as shown in the fig. *Web Screen 1*.
- Now the applicant click on the “Click here to Apply” button as shown in the *fig. Web Screen 32*.



(fig. Web Screen 32)

**Process:**

**4.3.1** Click on the “Click here to Apply”, Applicant will get the following screen:



( fig. Web Screen 33)

In this page the applicant has to give his/her Full Name, Mobile number in the given text box .In **identification proof** field applicant has to click or choose one option(Driving License, Pan card, Passport, Adhar card) after clicking one of it, the applicant has to fill the given identification proof no. in the given text box. In**Registered For** field applicant has to choose “Wholesaler” From the drop down list, in **Apply For** field applicant has to choose “New” From the drop down list and click on submit Button, After clicking on it applicant will get a confirmation Code on his/her given number. Then the applicant has to put that code in the **OTP Confirmation** box and click on “**Final Submit**” button as shown above.

**4.3.2** Click on the “**Final Submit**”, Applicant will get the following screen:



In this Declaration page applicant will get the information about Documents/Checklist for applying (Retail & Wholesale Drug Licence):

**4.3.3** Click on the “**Final Submit**”, Applicant will get the following screen:

All the \* marked fields are mandatory.

Name of The Firm :  Applicant Type:

**Proprietor / Partner / Director Details**

Name:  Mobile:  Wife Of/Son Of/Daughter Of:  Correspondence Address:

Permanent Address:  Educational Qualification:  Photo:  No file selected. (Allow .jpg, .jpeg and file size limit 150 kb)

ID Proof:  ID Proof No:  Upload ID Proof:  No file selected. (Allow .jpg, .jpeg, .doc, .docx, .pdf and file size limit 100 kb)

State:  District:

Zone:  Police Station:

Range:  Address of the Firm:

Email:  Pin Code:

Security Code:

( fig. Web Screen 35)

In this page applicant start the Wholesaler Registration process by filling up the form. The fields to be filled up by the applicant are the following.

- First the applicant has to enter The **Firm name** in the provided text box
- Applicant has to choose The **Applicant Type**(Having options Proprietor, Partner, Private Limited, Limited), If applicant choose Applicant type other than Proprietor then an add option will come For Partner details as show below Where the applicant has to choose 1 of the Partner /Director as **Managing Partner/Manging Director/Power of Attorney Holder/Auth. Signatory** by Selecting in **Applicant Catagory**.

**Wholesaler Registration**

All the \* marked fields are mandatory.

Name of The Firm :  Applicant Type:

**Proprietor / Partner**

Name:  Mobile:  Wife Of/Son Of/Daughter Of:  Applicant Category:  Correspondence Address:

Permanent Address:  Educational Qualification:  Photo:  No file selected. (Allow .jpg, .jpeg and file size limit 150 kb)

ID Proof:  ID Proof No:  Upload ID Proof:  No file selected. (Allow .jpg, .jpeg, .doc, .docx, .pdf and file size limit 100 kb)

Name:  Mobile:  Wife Of/Son Of/Daughter Of:  Applicant Category:  Correspondence Address:

Permanent Address:  Educational Qualification:  Photo:  No file selected. (Allow .jpg, .jpeg and file size limit 150 kb)

ID Proof:  ID Proof No:  Upload ID Proof:  No file selected. (Allow .jpg, .jpeg, .doc, .docx, .pdf and file size limit 100 kb)

( fig. Web Screen 36)

- In Proprietor/Partner Details First applicant has to enter his/her Full name in the provided text box.

- The **Mobile** number have automatically redirected from the previous page, and also the applicant can change the Mobile number in the text box.
- The applicant must have to upload his/her photo by browsing from the saved file.
- Applicant has to choose the **ID proof** From the Drop down list having options(Driving License, PAN card, Passport, Adhaar Card), after choosing any of it applicant has to give the **ID Proof No.** In the given text box
- Applicant must have to upload photo copy of choosen **ID Proof** by browsing from the saved file.
- The State Box was defaultly saved to ODISHA, The applicant has to choose the **District** where he/she wants to open the firm from the given drop down list.
- After choosing one of the District Applicant has to choose the **Zone** From the Given drop down list.
- When the applicant choose the Zone, In **Police Station** drop down list all the police station under it will come the applicant has to choose one of it.
- The applicant has to choose **Range** From the Given list.
- In **Address** text box applicant has to give the proper Address of the Firm.
- Applicant has to fill up the **"Email"** in provided text box.
- Applicant has to fill the security code by seeing the code.
- After successfully filled up all the details, the applicant will get his/her **User ID & Password** in the applicant given Mobile number for the further registration process by clicking on the **"Apply"** button.
- By clickig on **"Apply"** Button, Appliacnt wii get the following screen



Your application is submitted successfully.  
please check your mobile no to find your user id and password, For further verification you can login  
by your user id and password.

[Proceed](#)

( fig. Web Screen 38)

- Then Applicant has to enter the “**Proceed**” Button, By clicking it the applicant will Directly goes to the Login Page for Further Registration

#### 4.3.4 Click on the “Proceed”, Applicant will get the following screen(Applicant Login Page):



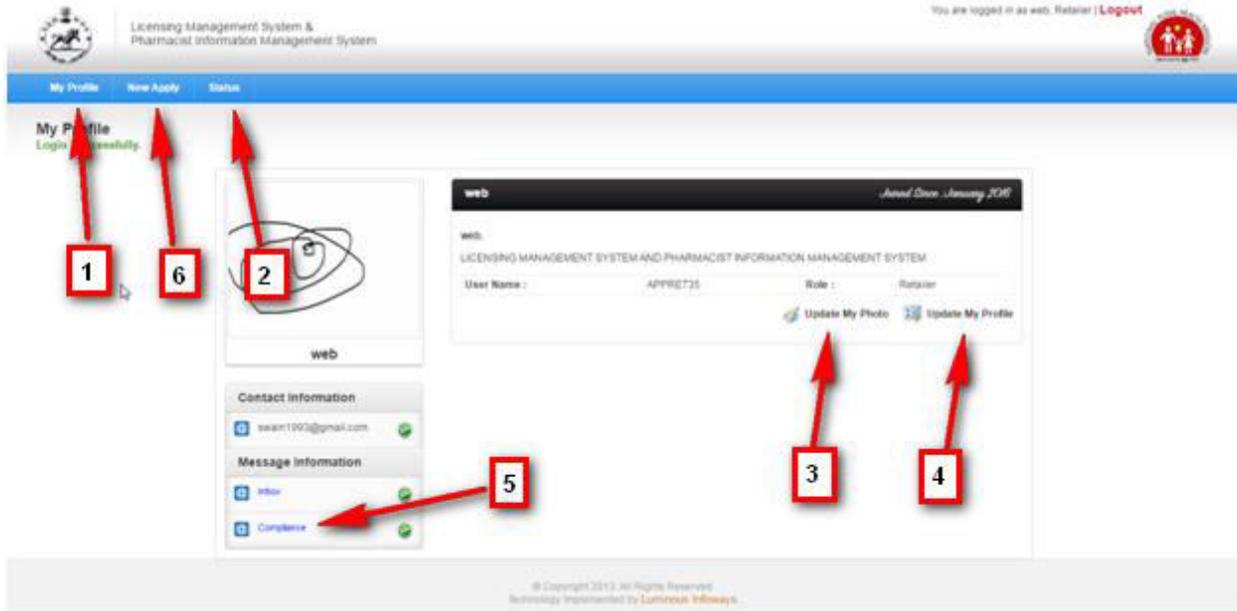
The login form contains the following fields and elements:

- USER NAME**: A text input field with a user icon on the right.
- PASSWORD**: A text input field with a password icon on the right.
- Security Code**: A text input field with a green security code 'qfwla' displayed to its left.
- Login** and **Cancel** buttons.
- A link: [To generate username Click Here](#)

( fig. Web Screen 39)

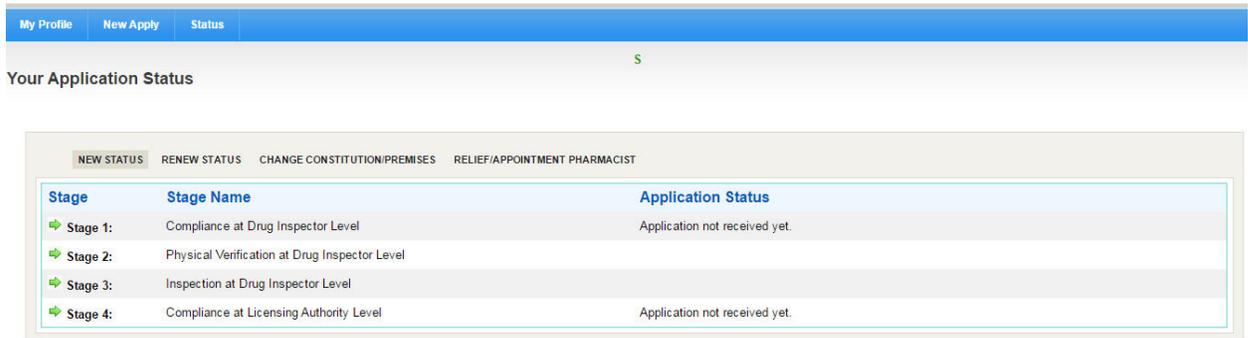
(Applicant Login Page / Refer Web Screen 8)

In the above figure applicant has to type log in id & password then enter the Security code as shown and click on log in Button, Applicant will get the below screen.



( fig. Web Screen 40)

- i. click on My Profile as shown in the above figure Where applicant can view his/her details(like Mobile Number, photo etc.).
- ii. click on Status as shown In the above figure where applicant view his/her application status details(Like Physical Verification date etc).As shown in below screen:

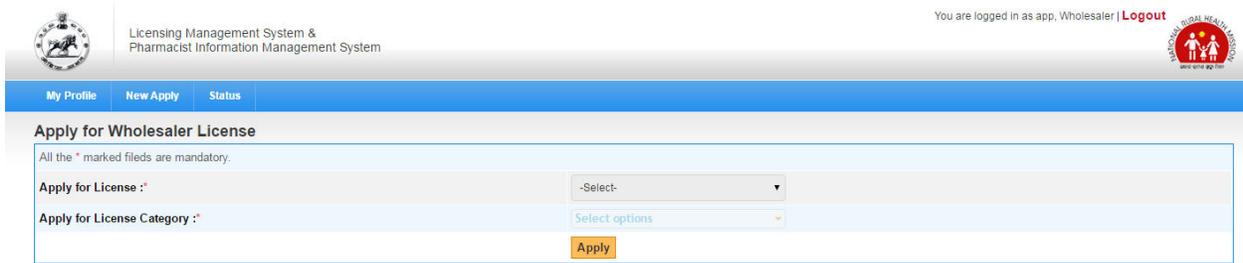


( fig. Web Screen 41)

- iii. click on update My Photo applicant can update his/her own photo by browsing it from save file.
- iv. click on update My profile applicant can update his/her Profile(Where Applicant can change the password).
- v. In Compliance option applicant can see the compliance and also He/She can give the reply or ans of that compliance.

vi. Click on “**New Apply**” Applicant has to click it For New registration.

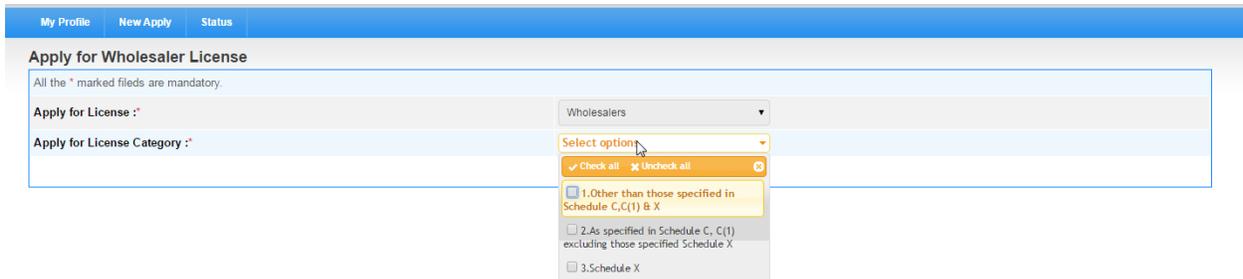
**4.3.5** Click on the “**New Apply**”, Applicant will get the below screen:



( fig. Web Screen 42)

In this page applicant has to choose the **Apply For License**(Having options **Wholesalers**, **Wholesaler Motor Vehicle** , **Homeopathic Wholesalers**).

- a. If Applicant choose **Wholesalers**, then applicant has 3 options in **Apply For License Category** (Those are 1.Other than those specified in Schedule C, C(1) & X, 2.As specified in Schedule C, C(1) excluding those specified Schedule X, 3.Schedule X) what applicant has to choose according to License category as shown in below screen.



( fig. Web Screen 43)

- b. If Applicant choose **Wholesaler Motor Vehicle**, then applicant has 2 options in **Apply For License Category** (Those are 1.Applied for sell, store by wholesale, from a motor vehicle those specified in Schedule(X), 2.Applied for sell , store by wholesale from a motor Vehicle in Schedule

C, C(1)) what applicant has to choose , as shown in below screen.

The screenshot shows a web application interface for applying for a wholesaler license. At the top, there are navigation tabs: 'My Profile', 'New Apply', and 'Status'. Below this is a header 'Apply for Wholesaler License' with a note: 'All the \* marked fields are mandatory.' The form contains two main sections: 'Apply for License :\*' with a dropdown menu currently showing 'Wholesaler Motor Vehicle', and 'Apply for License Category :\*' with a dropdown menu open. The open menu shows 'Select options' at the top, followed by 'Check all' and 'Uncheck all' buttons. Below these are two radio button options: '1.Applied for sell,store by wholesale,from a motor vehicle those specified in Schedule(X)' and '2.Applied for sell ,store by wholesale from a motor Vehicle in Schedule C,C(1)'. A mouse cursor is pointing at the 'Select options' dropdown.

( fig. Web Screen 44)

- c. If Applicant choose **Homeopathic Wholesalers**, then applicant has 1 options in **Apply For License Category** (1.Application for Homeopathic medicine by wholesale) what applicant has to choose according to License category as shown in below screen.

This screenshot shows the same web application interface as Figure 44, but with the 'Apply for License' dropdown set to 'Homeopathic Wholesalers'. The 'Apply for License Category :\*' dropdown is also open, showing 'Select options' at the top, followed by 'Check all' and 'Uncheck all' buttons. Below these is a single radio button option: '1.Application for Homeopathic medicine by wholesale'. A mouse cursor is pointing at the 'Select options' dropdown.

( fig. Web Screen 45)

After choosing one of it, Applicant has to click **Apply** button for further Registration process

In **Competent Person Details** Field applicant has to give the competent persons details those are Name of person, Son/Daughter of, Photo of the competent person, Qualification, after choosing qualification a box will come to enter the Registration no.(The registered pharmacist no.) , if the applicant wants to give more than 1 Competent person details then applicant has to click **Add More** button as shown in below screen:

[Add More](#)

Name :*	<input type="text"/>	Son/Daughter of :*	<input type="text"/>	Photo :*	<input type="button" value="Choose file"/> No f...sen <small>(Allow .jpg, .jpeg and file size limit 150 kb)</small>
Qualification :*	B.Pharma	Registration No. :	<input type="text"/>		
Name :*	<input type="text"/>	Son/Daughter of :*	<input type="text"/>	Photo :*	<input type="button" value="Choose file"/> No f...sen <small>(Allow .jpg, .jpeg and file size limit 150 kb)</small>
Qualification :*	-Select-				
Name :*	<input type="text"/>	Son/Daughter of :*	<input type="text"/>	Photo :*	<input type="button" value="Choose file"/> No f...sen <small>(Allow .jpg, .jpeg and file size limit 150 kb)</small>
Qualification :*	-Select-				

#### 4.3.6 Click on the “Apply”, Applicant will get the following screen:

<a href="#">Form19</a>	<a href="#">FormC</a>	<a href="#">Checklist</a>	<a href="#">Print</a>
------------------------	-----------------------	---------------------------	-----------------------

**FORM 19**  
[See Rule 59(2)]

*Application for grant or renewal of a (Licence to sell, stock, exhibit or offer for sale, or distribute) drugs other than those specified in schedule X*

1. I  hereby apply for licence to sell by wholesale/retail drugs specified in schedules C and C(1) excluding those specified in schedule X\* and/or drugs other than those specified in schedules C, C (1) and X to the Drugs and Cosmetics Rules, 1945 and also to operate a pharmacy on the premises situated at

2. The sale and dispensing of drugs will be made under the personal supervision of the qualified persons namely:--

(Name)  (Regd. No.)

3. Categories of drugs to be sold.

Other than those specified in Schedule C,C(1) & X

4. Particulars for special storage accommodation.

5. A fee of rupees  has been credited to the Government account under the head of

5. A fee of rupees  has been credited to the Government account under the head of

account

Date \_\_\_\_\_

Signature \_\_\_\_\_

\* Delete whichever is not applicable.

To be deleted if drugs will be sold only by wholesale.

Required only if products requiring special storage are to be sold.

**Treasury Details :**

Challan No:	<input type="text"/>	Amount:	<input type="text"/>
Challan Date:	<input type="text"/>	Head of Account:	<input type="text" value="0210/03/105 medl. &amp; P.H(N.P) 04-PH-104-fees &amp; fines etc.0049-fines and confiscation 02017-license fees under the Drugs Act &amp; rules."/>

( fig. Web Screen 46)

By Clicking on Apply button Registration process Starts. In this page applicant has to fill all the text box fields(**All the Fields are Mandatory**) to go for Further registration process .The **Forms** will Come According to the License Category What the applicant has choosen already. Afterfilling all the fields Applicant has to click the “**Save**” Button, Then applicant goes to next form as shown in below screen:



**DIRECTORATE OF DRUGS CONTROL**  
Department of Health & Family Welfare, Government of Odisha

You are logged in as Subham medicine store, Retailer | Logout



My Profile
New Apply Process
Status

Form19
FormC
Form19C
Checklist
Print

**FORM-C**

(\* All the fields are mandatory)

**ADDITIONAL INFORMATION TO BE SUPPLIED WITH THE APPLICATION FORM FOR GRANT AND RENEWAL OF LICENCE UNDER DRUGS AND COSMETICS ACT, 1940 AND RULES 1945**

1. Name of all the partners or Director(s)/ Proprietor etc and full residential address of each. (Attested copy of partnership deed/article of memorandum to be attached.)

dfg hjk    Name of father/husband s.k saho    Permanent Address at-forest park .bbr    Correspondence Address at-forest park .bbr

2. Identification Proof. (\* Choose at least one checkbox)

Driving License  
 Passport  
 Aadhaar Card (Submit your Aadhaar No.)

3. Partnership deed to be duly register at IGR (Inspector General Registration, Cuttack or at District Registration / sub-register office).  
 No.    Date

4. What are the educational qualifications of

(a) The proprietor/partners/Board of Directors.  
 (Name) dfg hjk    (Wife Of/Son Of/Daughter Of) s.k saho    (Qualification) B.pharm    (Permanent Address) at-forest park .bbr    (Correspondence Address) at-forest park .bbr

(b) The name of Registered Pharmacist incharge of the premises (In case of wholesale the name(s) and qualification (s) of the competent person incharge of sale (incase of wholesale) in the premises with their permanent home address.) along with the experience certificate (Four years for the person having matriculation qualification and one year for the person having graduation(Degree) qualification.) of competent person.  
 kahetrabasi pani.251

(c) Self consent/declaration of Registered Pharmacist/Competent person to work in concerned medicine store in place of affidavit before the Executive Magistrate  YES

(d) 2 No. of self attested stamp size photograph RP/CP submitted photo size(3.5 cm x 2.5cm)  YES  NO

5. What was the business carried on by the applicant during the last three years.

6. Name & permanent address of the salesman/ representative if any, engaged on behalf of the management.  
 Name:   
 Address:  
 Plot/Area:  Village/ Town:  District:  Pincode:

7. Has the applicant ever engaged himself or on his behalf any other person in selling drugs any time prior to this application ? If so, the date together with necessary documentary evidence may be submitted.  
 YES  NO

8. What other business is carried on by the applicant at present.

9. Is the application for fresh licence or renewal.  NEW

10. Year in which licence was first granted.

11. In the case of renewal particulars of licence first granted under the D & C Act and Rules.

12. Was the application/Licences ever rejected/previously cancelled or suspended or surrendered? If so, provide reason thereof.  
 Rejected  Cancelled  Suspended  Non of these  
 Letter No.  Date

13. Was the applicant ever prosecuted or any case investigation is pending against the applicant or the firm or partners or Directors of the firm under the D& C Act, If so state when.  
 YES  NO

( fig. Web Screen 47)

Here also applicant has to fill all the fields to go for further registration, after filling all the filed applicant has to click “**Save**” button. Like this when applicant fills all the Forms(According to the License Category What the applicant has chosen) then it goes to the **Check list** form as shown in below screen:

The screenshot shows the web interface of the Directorate of Drugs Control, Odisha. The header includes the organization's name and logo, and a user login status. A navigation menu contains 'My Profile', 'New Apply Process', and 'Status'. The main content area is titled 'Your Application has been registered.' and contains a checklist of documents to be uploaded. A 'Save' button is located at the bottom of the checklist area.

**DIRECTORATE OF DRUGS CONTROL**  
Department of Health & Family Welfare, Government of Odisha

You are logged in as Subham medicine store, Retailer | Logout

My Profile | New Apply Process | Status

Form19 | FormC | Form19C | **Checklist** | Print

Your Application has been registered.

(\* The Scanned Copy of all the documents mentioned below must be uploaded against the document names \*)

H.R Agreement,Partnership deed,Memorandum of article of association(Allowed file size 4MB.) Others (1MB)

**Document Checklist: ( Only pdf/jpg/jpeg Files allowed and Maximum size is upto 4MB ):**

- \*Educational Qualification Certificate of Applicant
- \*Educational Qualification certificate of Regd Pharmacist and valid OPC Regd Certificate self attested by applicant with full signature and date
- \*ID proof of applicant
- \*Purchase bill or invoice of Refrigerator issued in favour of firm or applicant
- \*Specimen signature of Regd Pharmacist which shall be appeared in the sales invoices prescription and special register
- \*Tenancy or House rent Agreement certified by notary
- \*Patta or Khatian or Documentary Evidence in support of ownership of land and NOC from Co HouseOwner (Wherever applicable) (self attested by applicant with full signature and date)
- \*Location and layout sketch map of premises duly signed by applicant as well as houseowner
- \*Original Copy of Treasury Challan
- \*Character and Antecedent verification Certificate or Police Verification certificate of Applicant
- \*Self Declaration of Regd Pharmacist in the prescribed format with full signature and date

*Submission of incomplete/improper documents will not be entertained and may lead to your rejection & necessary legal action.*

Save

( fig. Web Screen 48)

In this page Applicant has to Upload( **Only pdf/jpg/jpeg Files allowed**) the photo copy of the documents by Browsing it from save file. The Documents to be Upload by the applican are the following.

### **Documents/Checklist for applying (Retail & Wholesale Drug Licence)**

1. Qualifying exam certificate of applicant
2. Qualifying exam certificate of CP (Incuse of wholesale drug licence)
3. Qualifying exam certificate of RP and Registration Certificate
4. ID proof of applicant
5. Purchase receipt / invoice of Refrigerator.
6. Experience certificate of C.P. (if any) (Incuse of wholesale drug licence)
7. Specimen signature of RP/CP as to be appeared in the sales invoices and prescription/special register.

8. Tenancy/house rent agreement.
9. Patta/Khatian/documentary evidence in support of ownership hand and NOC from Co-houseowner (where ever applicable).
10. Location and layout sketch map of premises dully signed by applicant as well as houseowner.
11. Original copy of Treasury Challan.
12. Character and Antecedent Certificate/Police verification certificate of applicant.
13. Declaration of RP/CP in the prescribed format with full signature and date (PDF format)
14. Registered Partnership deed (to be duly register at Inspector General Regulation, Cuttack or at District Registration/Sub-register Office).
15. Memorandum and Article of Association with company Registration Certificate (in case of Ltd. and Pvt. Ltd. firm).
16. Copy of Resolution of Board of Directors (in case of Ltd. and Pvt. Ltd. firm).
17. Letter of Authorisation from Partners/Directors for filling application as Authorised Signatory/Power of Attorney Holder/Managing Partner / Managing Director .

**Documents/Checklist for Homoeopathic Retail & Wholesale Drugs Licences.**

1. Qualifying exam certificate of applicant.
2. Qualifying exam certificate of Competent Person (Registration Certificate of C.P incase of Registered Homoeopathic Practitioner).
3. ID proof of applicant.
4. Experience certificate of C.P (if any)
5. Tenancy/house rent agreement.
6. Patta/Khatian/documentary evidence in support of ownership hand and NOC from Co-houseowner (where ever applicable).

7. Location and layout sketch map of premises dully signed by applicant as well as houseowner.
8. Original copy of Treasury Challan.
9. Character and Antecedent Certificate/Police verification certificate of applicant.
10. Declaration of CP in the prescribed format with duly signature and date (PDF format)
11. Registered Partnership deed (to be duly register at Inspector General Regulation, Cuttack or at District Registration/Sub-register Office).
12. Memorandum and Article of Association with company Registration Certificate (in case of Ltd. and Pvt. Ltd. firm).
13. Copy of Resolution of Board of Directors (in case of Ltd. and Pvt. Ltd. firm)
14. Letter of Authorisation from Partners/Directors for filling application as Authorised Signatory/Power of Attorney Holder/Managing Partner / Managing Director .

#### **Documents/Checklist for Wholesale Motor Vehicle**

1. Copy of Wholesale Drug Licences (if any, granted to the applicant)
2. Qualifying exam certificate of applicant.
3. ID proof of applicant
4. Registered Partnership deed (in case of partnership firm)
5. Original copy of Treasury Challan
6. Copy of vehicle Registration Certificate and insurance certificate.
7. Driving license of Driver.

#### **Documents/Checklist for applying (Retail & Wholesale Renew Drug Licence)**

1. Tenancy/house rent agreement.
2. Original copy of Treasury Challan
3. Declaration of RP/CP in the prescribed format with full signature and date (PDF format) towards continuing there Job.

4. Declaration of Firm regarding No change of Constitution, Name & Style of the Firm, Premises & RP/CP.

5. Copy of Resolution of Board of Directors (in case of Ltd. and Pvt. Ltd. firm).

After uploading all the Required Document Applicant has to Click/check the Button of Declaration and have to click the “**Save Button**” to go for Further registration process as shown below.:

The screenshot shows the web interface of the Directorate of Drugs Control, Government of Odisha. The user is logged in as 'Subham medicine store, Retailer'. The page displays a confirmation message: 'Your Application has been registered.' Below this, a red warning states: '(\* The Scanned Copy of all the documents mentioned below must be uploaded against the document names \*)'. A list of required documents is provided, including H.R Agreement, Partnership deed, Memorandum of article of association, and others. A 'Document Checklist' section lists 11 items with checkboxes, such as 'Educational Qualification Certificate of Applicant', 'ID proof of applicant', and 'Self Declaration of Regd Pharmacist'. A 'Save' button is located at the bottom of the checklist area. A disclaimer at the bottom reads: 'Submission of incomplete/improper documents will not be entertained and may lead to your rejection & necessary legal action.'

( fig. Web Screen 49)

After clicking on “Save” Button A message will come, and in that page u can also **Print** the application form with all the Details what the applicant has given already. As shown in Below screen.



You have submitted all required details. Click on View button for details.

[View](#)

After Print/download, Please Upload all the statutory forms along with documents mentioned in the check-list into a single pdf duly Signed(full signature) by the applicant On each page and Upload the same.

[Browse...](#)

[Submit](#)