

## USER MANUAL FOR GRANT/RENEWAL OF DRUGS SALE LICENCE

### Step. 1: Apply for Grant/Renewal of Drugs Sale Licence Application

**Description:** Using this form we can apply for the new drugs sale licence, in the below picture there is a drug licence type dropdown available using this we can select different type of licence and corresponding forms that applicant can choose.

New Drugs Sale Licence Application

#### Application Details

Drug Licence Type*	Retail Sales Drug Licence		
Drug Licence Form*	<input checked="" type="checkbox"/> Form 20 <input checked="" type="checkbox"/> Form 21 <input checked="" type="checkbox"/> Form 20-F		
Constitution of Shop/Firm*	Partnership Firm		
Registration No. of Shop/Firm	Test pharma pvt. ltd.		
Name of Shop/Firm*	Test pharma	Status of Premises*	Rented
Shop No./Plot No. *	TEST 123		
Shop/Firm's Colony*	Colony	Shop/Firm's Locality/ Village *	Village
District*	BHOPAL	Tehsil *	Bhopal
Pincode *	462033	Area of Premises*	1233 (Sq. Pts) 114.55 (Sq. Meters)

#### Applicant Personal Details

Applicant First Name*	Mr TEST	Applicant Last Name *	TEST
Father's/Husband's First Name*	TEST	Father's/Husband's Last Name*	TEST
Date of Birth	08/12/1982	Mobile Number*	9981773196
Email ID	test@mponline.gov.in	Experience (if any in Drug Trade)	10 year
Business/Occupation of Applicant in past 3 years *	10 year		

#### Local Address of Applicant

House No. *	test 1234	Colony	colony
District*	BHOPAL	Area/ Village *	village
Tehsil *	bhopal	Pincode*	465222

Are Local address and Permanent Address same?

#### Permanent Address of Applicant

House No. *	test 1234	Colony	colony
District*	BHOPAL	Area/ Village *	village
Tehsil *	bhopal	Pincode*	465222

#### Applicant Qualification

Qualification	Passing Year
BPHARMA	1999

#### In case of Partnership Firm

Sno	Salutation	Name of Partner	Father's/Husband's Name	Address	Mobile	Land line No.	Email Id	ID Card	ID Card No.		
1.	Mr.	TEST	TEST	TEST	9981773196	0484545454	test@gmail.cor	Driving Lic	5445456		
2.	Mr.	TEST1	TEST1	TEST1	7865645644	044645445	test1@mponlin	Driving Lic	2312151	-	+

#### Registered Pharmacist(s) Details

Sno	Salutation	Name	Father's/Husband's Name	Address	Date of Birth	Registration No.	Registration Date	Registration valid upto	Qualification	ID Card	ID Card No.	whether applied for further Renewal?
1.	Mr.	test	test	test	10/02/19!	reg12055	10/02/19!	22/12/20:	B.Pha	Driving Lic	56456464	<input type="radio"/> Y <input type="radio"/> N

#### Declaration

I TEST TEST hereby declare that all the details furnished in the form are valid and correct, in case any detail found to be incorrect/ invalid, I will be responsible and the Licensing Authority has the right to reject this application. I understand that in case of rejection, fee would not be refunded under any circumstances.

I TEST TEST hereby undertake to comply with all the provisions of THE DRUGS AND COSMETICS ACT, 1940 AND RULES, 1945 as applicable to me.

Submit

## Step. 2: Document Uploading form

**Description:** Based on the licence form(s) selected by applicant a list of documents will appear on the screen. All the documents that are marked as mandatory needs to be uploaded.

### New Drugs Sale Licence Application

Application Number : **BPL20141200000249**

[Format of Applicant's Declaration](#)  
[Format of Competent person's Declaration](#)  
[Format of Registered Pharmacist's Affidavit](#)

**Note: Only \*.Jpeg, \*.Jpg and \*.pdf files are allowed !**

**Upload below mentioned documents :**

Applicant Documents List :-

S.No.	List of documents	Upload
1.	Appointment letter of Registered Pharmacist(s) (if applicant and Registered Pharmacist person are different).	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
2. *	Blue print of Shop/Firm premises.	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
3. *	Declaration of applicant (format available in User Manual).	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
4. *	Declaration regarding person responsible for sale and stock of schedule X drugs.	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
5. *	Electricity bill of Shop/Firm premises.	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
6. *	Identity proofs (specified in the application).	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
7. *	Photograph and signature of applicant.	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
8. *	Photograph of Shop/Firm with furniture.	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
9. *	Proof of Ownership/Rent Agreement with actual land owner.	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
10.	Purchase bill of refrigerator (if applicable).	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
11. *	Qualification Mark Sheet (SSC, HSC & Graduation) if available.	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
12. *	Residential Proof.	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
13. *	Schedule X drugs storage facility provided with lock and key.	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
14. *	Shop/Firm constitutional related documents (like in case of Firm partners it's deed, in case of private Limited/ Limited list of Directors, Firm MOA and COI etc.).	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>

Registered Pharmacist/Competent Person Documents List :-

S.No.	List of documents	Upload
1. *	Affidavit of Registered Pharmacist(s) (format available in User Manual).	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
2.	Consent letter of Registered Pharmacist(s).	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
3. *	Identity proofs (specified in the application).	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
4. *	Photograph and signature of Registered Pharmacist(s).	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
5. *	Qualification Mark Sheet of Registered Pharmacist (SSC, HSC & Diploma or Graduation).	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
6. *	Residential Proof.	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
7. *	Pharmacist Registration Certificate both sides.	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>

**Step. 3: Respective form of our application for licence shown are below**

**Description:** After uploading relevant documents applicant is asked to sign system generated Application form.

Application Number : **BPL20141200000249**

<b>Form 19</b> [see rule 59(2)]	
<b>Application for grant or renewal of a licence to sell, stock, exhibit or offer for sale or distribution of drugs other than those specified in Schedule X</b>	
1. I/We *	TEST TEST S/O TEST TEST
of **	TEST
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 :	
<b>Shop No/Plot No.: test, test ,test , Tehsil: test , District: BHOPAL , Pincode: 462003</b>	
2. The sale and dispensing of drugs will be made under the personal supervision of the qualified pharmacist and/or competent person(s) namely :	
(Name)	<b>MR. JITU S/O TEST</b> (Qualification) <b>B.PHARM. REG:REG101010, VALID UPTO:28/12/2016</b>
3. Categories of drugs to be sold :	
<b>Licence to sell, stock or exhibit [or offer] for sale, or distribute drugs by retail other than those specified in [Schedules C,C(1) and X]</b>	
<b>Licence to sell, stock or exhibit [or offer] for sale, or distribute drugs by retail drugs specified in Schedules C &amp; C(1) [excluding those specified in Sch. X]</b>	
4. * * * * Particulars for special storage accommodation.	
A fee of rupees <b>Rs. 3000/-</b> has been credited to Government under the head of account 0210 Medical and Public Health, 04 Public Health, 104 Fees and fines, (5) Lic Fees under Drugs and Cosmetics Rules.	
Date	29/12/2014
	Signature
<i>* Please mention full name of applicant (including father's/husband's name), Residential Address and Telephone no. if any along with the name of the shop/firm company.</i>	
<i>**Please mention the name of shop.</i>	
<i>*** Delete whichever is not applicable.</i>	
<i>****Required only if products requiring special storage are to be sold.</i>	

## Form 19C

[see rule 59(2)]

**Application for grant or renewal of a [licence to sell, stock, exhibit or offer for sale, or distribute] of drugs specified in Schedule .**

1. I/We TEST TEST S/O TEST TEST  
of TEST PHARMA

hereby apply for a licence to sell by \*wholesale/\*retail drugs specified in Schedule X to the Drugs and Cosmetics Rules, 1945. We operate a pharmacy on the premises, situated at

**Shop No/Plot No.: TEST 123, Colony ,Village , Tehsil: Bhopal , District: BHOPAL , Pincode: 462033**

2. The sale and dispensing of drugs will be made under the personal supervision of the registered pharmacists mentioned below :

(Name) MR. TEST S/O TEST (Qualification) B.PHARM, REG:REG12055, VALID UPTO:21/12/2016

3. Name of drugs to be sold :

**Licence to sell, stock or exhibit [or offer] for sale, or distribute drugs by retail specified in Schedule X.**

4. Particulars of storage accommodation.

5. A fee of rupees Rs. 500/- has been credited to Government under the head of account 0210 Medical and Public Health, 04 Public Health, 104 Fees and Fines, (5) Lic. Fees under Drugs and cosmetics Rules, vide treasury receipt attached.

Date 29/12/2014

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.*

[Click for Digital Sign](#)

#### Step. 4: View Application Detail form

**Description:** After successfully digital signing application form, applicant can make payment. Also, before making payment applicant must verify all the details of the application, A wrongly filled application could led to cancellation of application.

New Drugs Sale Licence Application			
<b>Application Details</b>			
Application Number	BPL20141200000249		
Application Type	New Drug Licence Application	Application for	Retail Sales Drug Licence
Drug Licence Form	<input checked="" type="checkbox"/> Form 20 <input checked="" type="checkbox"/> Form 21 <input checked="" type="checkbox"/> Form 20-F		
<b>Applicant Personal Details</b>			
Applicant's Name	test test	Date of Birth	03-Dec-1986
Applicant Father's/ Husband's Name	test test		
Local Address	86/26 colony village ,Tehsil- tehsil, District: BHOPAL, Pincode: 462003, Mobile: 9981773196, Email: test@gmail.com		
Permanent Address	86/26 colony village ,Tehsil- tehsil, District: BHOPAL, Pincode: 462003		
Experience (if any in Drug Trade)	test four year	Business/Occupation of Applicant in past 3 years	four year
<b>Applicant Qualification</b>			
Degree/Diploma		Passing Year	
BE Pharma		2010	
<b>Shop/Firm Details</b>			
Constitution of Shop/Firm	Partnership Firm	Status of Premises	Rented
Name of Shop/Firm	test		
Registration No.	test		

Address of Shop/Firm	test test test ,Tehsil- test, District: BHOPAL					
Area of Premises	139.35 (Sq. Meters)					
In Case of Partnership Firm						
S.No	Full Name	Father's/Husband's Name	Address	Mobile	ID Card	ID Number
1	Jitendra	TEST	TEST	9981773196	Driving Licence	545455
2	manish	test	testq	8100956565	Driving Licence	554564

#### Pharmacist Details

S.No	Name of Pharmacist	Father's/Husband's Name	Date of Birth	Registration No.	Registration Date	Licence validity upto	Qualification	ID Card	ID Number	whether applied for further Renewal?
1	jitu	test	14-Dec-1983	Reg101010	17-Dec-2003	28-Dec-2016	B.Pharm	Driving Licence	544545	Yes

#### Uploaded Document Details

(1). Applicant Documents*:		(2). Pharmacist/Competent/Person Documents*:	
S.No.	List of documents	S.No.	List of documents
1.	Appointment letter of Registered Pharmacist(s) (if applicant and Registered Pharmacist person are different).	1.	Affidavit of Registered Pharmacist(s) (format available in User Manual).
2.	Blue print of Shop/Firm premises.	2.	Consent letter of Registered Pharmacist(s).
3.	Declaration of applicant (format available in User Manual).	3.	Identity proofs (specified in the application).
4.	Declaration regarding person responsible for sale and stock of schedule X drugs.	4.	Photograph and signature of Registered Pharmacist(s) (only in .JPG or .JPEG format).
5.	Electricity bill of Shop/Firm premises.		
6.	Identity proofs (specified in the application).	5.	Qualification Mark Sheet of Registered Pharmacist (SSC, HSC & Diploma or Graduation).
7.	Photograph and signature of applicant (only in .JPG or .JPEG format).	6.	Residential Proof.
8.	Photograph of Shop/Firm with furniture (only in .JPG or .JPEG format).	7.	Pharmacist Registration Certificate both sides.
9.	Proof of Ownership/Rent Agreement with actual land owner.		
10.	Purchase bill of refrigerator (if applicable).		
11.	Qualification Mark Sheet (SSC, HSC & Graduation) if available.		
12.	Residential Proof.		
13.	Schedule X drugs storage facility provided with lock and key.		
14.	Shop/Firm constitutional related documents (like in case of Firm partners it's deed, in case of private Limited/ Limited list of Directors, Firm MOA and COI etc.).		

#### Fee Details

Application Fee	Rs. 3500.00	Portal Charge	Rs. 100.00
Total Payable Fee	Rs. 3600.00	<a href="#">Print</a>	<a href="#">Proceed to Pay</a>

## Step. 5: Receipt

**Description:** After making successful payment, system generated receipt will appear on screen. If receipt doesn't appear and amount is deducted from your account, please go to FDA home ->Duplicate Receipt.

If still you are unable to get your receipt that means your payment is not completely successful. Please go to FDA Home ->Pay for Unpaid Application link and repay, this way you don't have fill your applicant again.

Government of Madhya Pradesh <b>Food and Drugs Administration</b> Department of Public Health & Family Welfare		<b>MPonline Limited</b> Joint venture between Govt. of Madhya Pradesh and TCSL मध्यप्रदेश सरकार का पोर्टल		
				
<b>Online Drug Licence Application Form &amp; Payment Acknowledgement Receipt</b>				
Printed on : 29-Dec-2014, 15:03 PM				
<b>Transaction Details</b>				
Transaction Id :	14122936807457676088	Application Fee :	3500.00	
Service Name :	Food & Drugs Administration	Portal Charge :	100.00	
Payment Mode :	Cash Payment By TestUser	Total Paid Amount :	3600.00	
Payment Status :	Paid	Paid at MPOnline KIOSK Id :	K0799990054	
<b>Applicant Details</b>				
Application Number	<b>BPL20141200000249</b>			
Application Type	New Drug Licence Application	Licence Category	Retail Sales Drug Licence	
Applicant Name	test test	Date of Birth	03-Dec-1986	
Local Address	86/26 colony village ,Tehsil- tehsil, Pincode: 462003, District: BHOPAL, Mobile: 9981773196, Email: test@gmail.com			
<b>Applicant Qualification</b>				
Degree/Diploma		Passing Year		
BE Pharma		2010		
<b>Proprietorship Details</b>				
Constitution of Shop/Firm	Partnership Firm	Status of Premises	Rented	
Name of Shop/Firm	test			
Address of Shop/Firm	test test test ,Tehsil- test, District: BHOPAL			
Area of Premises	139.35 (Sq. Meters) (Sq. Meters)			
<b>In Case of Partnership Firm</b>				
S.No	Full Name	Father's/Husband's Name	Address	Mobile
1	Jitendra	TEST	TEST	9981773196
2	manish	test	testq	8100956565

[Print](#)