

## Procedure for Licenses

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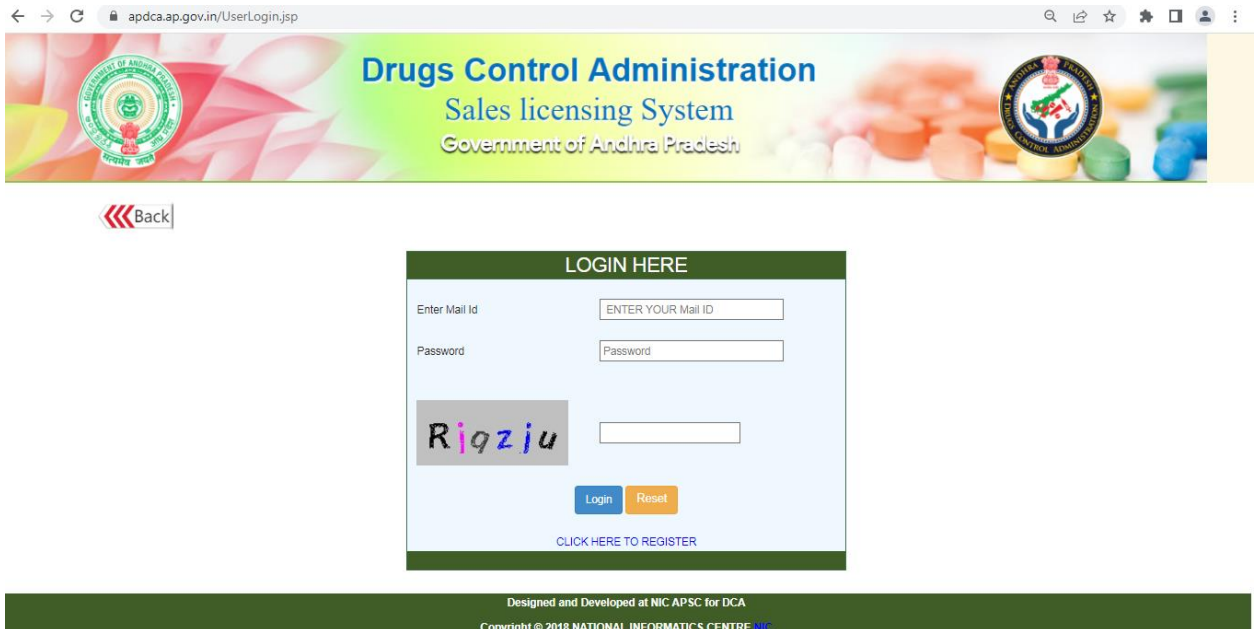
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# 1. Online procedure for application for Grant of Sales License in Form 20, 21, 20B, 21B, 20F, 20G

1. Applicant visits <http://apdca.ap.gov.in/>



2. Applicant clicks on "Apply Online" and selects Click Here to Register



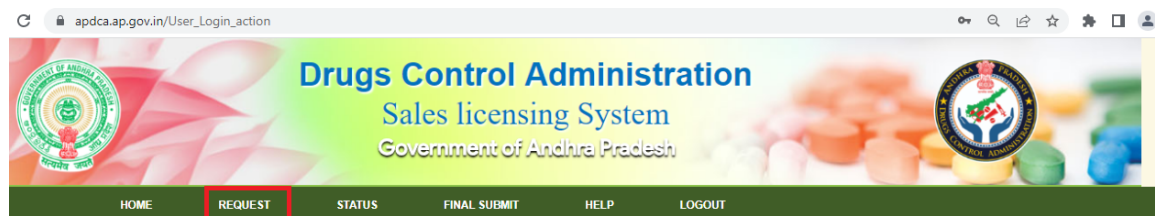
### 3. Applicant fills in the required details and clicks on Register

The screenshot shows a web browser window with the URL `apdca.ap.gov.in/applyonlineRegister.jsp`. The page header features the Drugs Control Administration logo and the text "Drugs Control Administration Sales licensing System Government of Andhra Pradesh". Below the header is a navigation bar with a "Back" button. The main content is a "Registration Form" with the following fields:

- Name of the Applicant\* (text input)
- Date OF Birth\* (date input, format DD-MM-YYYY)
- Mobile NO\* (text input)
- House NO\* (text input)
- Address\* (text input)
- Pincode\* (text input)
- Existing License (checkbox labeled "I already have licenses")
- Email id\* (text input)
- Password\* (text input)
- Confirm Password\* (text input)
- Captcha (image with text "OcTFaw" and a text input)

At the bottom of the form are "Register" and "RESET" buttons.

### 4. After Registration, the applicant logs in on the portal with the registered credentials and clicks on Request tab



REQUIRED DOCUMENTS FOR LICENSES
<b>CHECK LIST FOR GRANT / CHANGE OF PREMISES OF RETAIL LICENCE FROM-20, 21 (RETAIL)</b>
<b>Statutory form-19 for licenses in form (20,21).</b>
Payment of Rs.1500/- for each license (for each form) through Paytm Gateway
Declaration by the proprietor / Partner / Director / Competent Persons / Regd. Pharmacist with proof of residential address (Present and Permanent) for proof of residential address â€” Aadhar Card, Ration Card, Pass Port, Driving License, Voter ID.
Attested copy of partnership deed (on Rs.500/- stamp paper) / Memorandum and Articles of Association.
Copy of list of Directors downloaded from ROC website signed by Company Secretary / Managing Director (In case of company).
In case of company an Affidavit under Section 34 of Drugs and Cosmetics Act, 1940 on Rs.20/- stamp paper duly notarized along with copy of its board resolution to this effect signed by company Secretary or Managing Director or Majority of the Directors of the company.
Special declaration by Registered Pharmacist on Rs.20/- Non-Judicial stamp paper.
Attested copy of Registered Pharmacist certificate (renewal up to date) affixed with latest original photograph and signature of the

5. The requisite details are entered including details of competent persons, Constitution, and Registered Pharmacist, Premises etc

HOME REQUEST STATUS FINAL SUBMIT HELP LOGOUT

### REQUEST FOR LICENSES

Application No.: 0

Firm Name\*  Prop/Contact Person\*

Shop No & Bldg\*  Address/Area\*

Town\*  Pin Code\*

Constitution\*  Category\*

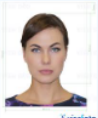
Phone No\*  Circle Name\*

Area Name\*  Jurisdiction Name\*

Email Id\*  Mobile for sms\*

Adhar Number  Pan Card Number

Upload Photo  girl.jpg  
Photo must be less than 40kb



Allopathy-Retail	Allopathy-Wholesale	Restricted	Schedule X	Mobile License
<input checked="" type="checkbox"/> 20	<input type="checkbox"/> 20-B	<input type="checkbox"/> 20-A	<input type="checkbox"/> 20-F	<input type="checkbox"/> 20-BB
<input checked="" type="checkbox"/> 21	<input type="checkbox"/> 21-B	<input type="checkbox"/> 21-A	<input type="checkbox"/> 20-G	<input type="checkbox"/> 21-BB

HOME REQUEST STATUS FINAL SUBMIT HELP LOGOUT

### REGISTERED PHARMACIST

Registered Pharmacist     
  Competent Person     
  Constitution Details

Reg No	Name	SoFwof	Gender	DOJ	Qual	Status	City	Pancard	Mobile No	Certificate	Delete
REG.NO	<input type="text"/>	Registered Date:	<input type="text"/>	RP Valid Upto:	<input type="text"/>						
Date Of Joining:	<input type="text"/>	RP/CP/DIR Name:	<input type="text"/>	Gender:	<input type="text"/>						
Status:	<input type="text" value="--select--"/>	Mobile Number:	<input type="text"/>	Email ID:	<input type="text"/>						
City:	<input type="text"/>	Address:	<input type="text"/>	Pan Card:	<input type="text"/>						
S/O OR W/O:	<input type="text"/>										
Upload Photo	<input type="button" value="Choose File"/> No file chosen Photo must be less than 40kb										
Qualification:	<input type="checkbox"/> B.PHARM	<input type="checkbox"/> EXPERIENCE	<input type="checkbox"/> MCA	<input type="checkbox"/> PH.D	<input type="checkbox"/> PHARM.D						
<input type="checkbox"/> QUALIFIED	<input type="checkbox"/> D.PHARM	<input type="checkbox"/> M.PHARM	<input type="checkbox"/> OTHERS								

UPLOAD DOCUMENTS

6. The applicant uploads all the signed requisite documents and pays the license fees online through payment portal

REQUIRED DOCUMENTS FORMAT		
1	DECLARATION OF BUILDING OWNER	<a href="#">Download</a>
2	DECLARATION OF COMPETENT	<a href="#">Download</a>
3	DECLARATION OF PROPRIETOR-PARTNER-AUTHORISED SIGNATORY-TRUSTY-SOCITY	<a href="#">Download</a>
4	DECLARATION OF REGISTRIED PHARMACIST	<a href="#">Download</a>
5	FORM 19	<a href="#">Download</a>
6	Form19C	<a href="#">Download</a>

Successfully Inserted

UPLOAD REQUIRED DOCUMENTS			
S.No	Select Document Type	Document OR Image	Action
1	Filled-In Application Form(Form 19/19A)	<a href="#">view</a>	<a href="#">DELETE</a>
2	Address/ID proof along with Photo and Signature of Building Owner	<a href="#">view</a>	<a href="#">DELETE</a>
	<input type="text" value="--select--"/>	<input type="button" value="Choose File"/> No file chosen File size less than 1MB and Upload PDF Files Only	<a href="#">SUBMIT</a>



## Drugs Control Administration

### Sales licensing System

Government of Andhra Pradesh



HOME REQUEST STATUS FINAL SUBMIT HELP LOGOUT

APPLICATION FINAL SUBMIT				
S.No	Application No	Firm No	Firm Details	MOBILE NO
1	128655	0	Test firm name/test person	8754254524

PAYMENT DETAILS	
Applicant Name	Test Person
Application No	128655
Firm Name	Test firm name
Mobile No	8754254524
Department Name	Drugs Control Administration
Service Code	4101
Service Name	Grant of Licenses
Applied Licenses	20,21
License Fee	3000
Late Fee	0
User Charges	0.00
Total Amount	3000
Transaction ID	D0603016128655060520221505
<input type="button" value="PAY"/> <input type="button" value="RESET"/>	

7. User can know the status of the application in **STATUS** tab

**Drugs Control Administration**  
Sales licensing System  
Government of Andhra Pradesh

Home   Request   Status   Final Submit   Help   LogOut

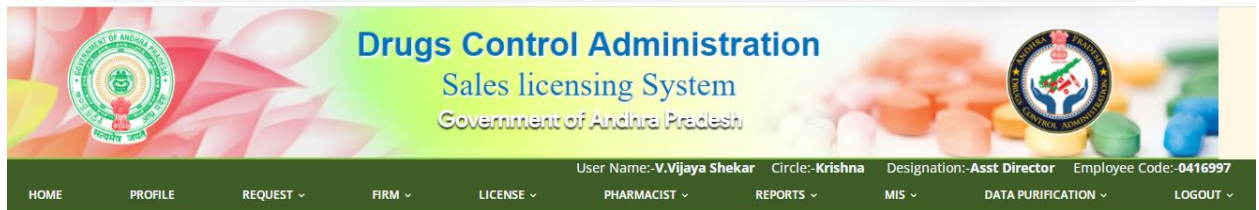
**Your application has been submitted to :xxxxxx(Dist) AD**

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CENTRE NIC



APPLICATION STATUS for the Firm test firm					
S.No	Application No	Applied Date	Remarks	Status	
1	118018	01-12-2021	20-G	Pending For Approval At A.D	RAISE QUERY
2	118046	19-01-2022	21	Granted	
3	118026	06-12-2021	20-B	Incomplete By User	RAISE QUERY
4	118024	06-12-2021	20-A,21-A	Pending For Inspection At D.I	RAISE QUERY <sup>1</sup>

8. Once the Assistant Director login into system the pending applications list shown in the home page.



Last Login Time:06/05/2022 11:05:22

PENDING REQUESTS														
Select ALL	S.No	Application No	Area Name	Applied Date	Firm Name	Firm IC	Firm Type	Remarks	Mobile	Amount	Payment Date	View Documents	Approve/ Reject Reason	Raise Query
<input checked="" type="checkbox"/>	1	117963	Vijayawada-I	10-11-2021	test	test	BRA	20,21-B	8974634354	Rs. 0/-	10-11-2021	View Documents	Please Enter Reject/Approve	Raise Query
<input checked="" type="checkbox"/>	2	117964	Vijayawada-I	11-11-2021	test	test	FRM	20,21	8735435434	Rs. 0/-	11-11-2021	View Documents	Please Enter Reject/Approve	Raise Query <sup>1</sup>
<input type="checkbox"/>	3	117964	Vijayawada-I	11-11-2021	test	test	FRM	20,21	8735435434	Rs. 0/-	11-11-2021	View Documents	Please Enter Reject/Approve	Raise Query <sup>1</sup>

9. Assistant Director verifies the application and forwards the application to Drug Inspector for inspection and verification
10. Drugs Inspector conducts the inspection and fill the inspection details and send back to AD with remarks and inspection report. The Drugs Inspector may raise the queries for shortfall documents in queries section which will be visible in user login and he can respond with shortfalls.

User Name:-K.Dass    Area :-Vijayawada-I    Designation:-Drugs Inspector    Employee Code
HOME    PROFILE    REQUEST ▾    FIRM ▾    LICENSE ▾    PHARMACIST ▾    REPORTS ▾    MIS ▾    LOGOUT ▾

Firm name(chain):	<input type="text" value="--select--"/>	Firm name:	<input type="text" value="test"/>	Prop/Contact:	<input type="text" value="test"/>
Circle	<input type="text" value="Krishna"/>	Area	<input type="text" value="Vijayawada-I"/>	Jurisdiction	<input type="text" value="Kothapeta"/>
Constitution:	<input type="text" value="Government"/>	Category	<input type="text" value="Firm"/>	Firm Area	<input type="text" value="0.00"/>
Establishment	<input type="text" value="Distributor Agency"/>	Ceiling	<input type="text" value="False Ceiling"/>	Possession	<input type="text" value="Owned!!"/>
Shop No&Bldg:	<input type="text" value="1231"/>	Address	<input type="text" value="test"/>	Town	<input type="text" value="test"/>
Pincode	<input type="text" value="521154"/>	Phone:	<input type="text" value="8736435645"/>	Storage Types	<input checked="" type="checkbox"/> Aluminium <input type="checkbox"/> Glass <input type="checkbox"/> Racks <input type="checkbox"/> Wooden Furniture <input type="checkbox"/> Drawers <input type="checkbox"/> Pellets
Inspection Date	<input type="text" value="24-01-2022"/>	24HoursOpen	<input checked="" type="checkbox"/>	Cold Storage	<input checked="" type="checkbox"/>

Allo-R	Allo-W	Restricted	Schedule X	Mobile License
<input type="checkbox"/> 20	<input type="checkbox"/> 20-B	<input type="checkbox"/> 20-A	<input type="checkbox"/> 20-F	<input type="checkbox"/> 20-BB
<input type="checkbox"/> 21	<input type="checkbox"/> 21-B	<input type="checkbox"/> 21-A	<input type="checkbox"/> 20-G	<input type="checkbox"/> 21-BB



11. Assistant Director check the inspection details and grants the license for the application or may raise the queries for shortfalls

**LICENSES TO BE GRANTED FIRM**

Application No: **118034**

Firm Name(chain): <input type="text" value="-select-"/>	Firm Name: <input type="text" value="admin"/>	Prop/Contact: <input type="text" value="test"/>
Circle: <input type="text" value="Krishna"/>	Area: <input type="text" value="Vijayawada-I"/>	Jurisdiction/Mandal: <input type="text" value="Chittinagar"/>
Establishment: <input type="text" value="Dispensary Chemi"/>	Ceiling: <input type="text" value="Aluminium Patras"/>	Possession: <input type="text" value="On Lease"/>
Shop No&Bldg: <input type="text" value="345"/>	Address: <input type="text" value="test"/>	Town: <input type="text" value="test"/>
Pin Code: <input type="text" value="543213"/>	Constitution: <input type="text" value="Government"/>	Storage Types: <input type="checkbox"/> Aluminium <input type="checkbox"/> Glass <input type="checkbox"/> Racks <input type="checkbox"/> Wooden Furniture <input type="checkbox"/> Drawers <input type="checkbox"/> Pellets
Firm Area: <input type="text" value="234"/>	Phone: <input type="text" value="8735452413"/>	Category/Area: <input type="text" value="Branch"/>
Open 24 Hours: <input checked="" type="checkbox"/>	Cold Storage: <input type="checkbox"/>	Inspected Date: <input type="text" value="17-03-2022"/>
Recommend for: <input type="text"/>		

Allo-R	Allo-W	Restricted	Schedule X	Mobile License
<input checked="" type="checkbox"/> 20	<input type="checkbox"/> 20-B	<input type="checkbox"/> 20-A	<input type="checkbox"/> 20-F	<input type="checkbox"/> 20-BB
<input checked="" type="checkbox"/> 21	<input type="checkbox"/> 21-B	<input type="checkbox"/> 21-A	<input type="checkbox"/> 20-G	<input type="checkbox"/> 21-BB

FORWARDED BY: **K.Dass**

Query From DI: <input type="text" value="What do you think?"/>	AD Remark (REJECT / QUERY):	<input type="text" value="What do you think?"/>
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## Drugs Control Administration

### Sales licensing System






Government of Andhra Pradesh

User Name:-V.Vijaya Shekar    Circle:-Krishna    Designation:-Asst Director    Employee Code:-0416997

HOME   PROFILE   REQUEST   FIRM   LICENSE   PHARMACIST   REPORTS   MIS   DATA PURIFICATION   LOGOUT

**THE APPLICATION IS GRANTED WITH FIRM NUMBER 397470 AND LICENSES HAS BEEN GENERATED FOR FORMS 20,21 WITH NUMBERS AP/06/22/2022-159,AP/06/22/2022-160 RESPECTIVELY WHICH ARE VALID UPTO :05-05-2027**

12. If the Assistant Director approves the application, the licenses will be downloaded by the Assistant Director and digitally signs it and will be sent to the applicant by email only.

 	<p><b>GOVERNMENT OF ANDHRA PRADESH</b> DRUGS CONTROL ADMINISTRATION</p> <p>FORM 20 [See Rule 61 (1)]</p>	 <p><small>As visa photo</small></p>									
<p>Partners/Directors/ Gpa/As <b>test, Government</b></p>		<p>Registered Pharmacist <b>BODDU VIJAYA KUMARI(BPH,EXP,OTH, ) and RegNo:135684</b></p>									
<p>LICENSE TO SELL, STOCK OR EXHIBIT[OR OFFER] FOR SALE OR DISTRIBUTE BY RETAIL DRUGS OTHER THAN THOSE SPECIFIED IN [SCHEDULES C,C(1) AND X]</p> <p>1. <b>test, gerg Government of admin</b> is here by licensed to sell,stock or exhibit [or offer] for sale or distribute by Retail Drugs other than those specified in [SCHEDULES C,C(1)AND X] of the drugs and cosmetic rules 1945, on the premises situated at <b>345,test,test,543213,Krishna(DISTRICT)</b> subject to the conditions specified below and to the provisions of the Drugs and Cosmetics Act, 1940 and the rules there under.</p> <p>2. The licensee unless sooner suspended or cancelled, shall remain valid perpetually. However, the compliance with the conditions of license and the provisions of the Drugs and Cosmetics Act, 1940 (23 of 1940) and the Drugs and Cosmetics Rules, 1945 shall be assessed not less than once in three years or as needed as per risk based approach.</p> <p>3. The sale shall be made under the personal supervision of a Registered Pharmacist <b>BODDU VIJAYA KUMARI(BPH,EXP,OTH, )</b>, RegNo.135684, DOJ:16-12-2021. <b>VADLA TEJESWARI(BPH,EXP,OTH, )</b>, RegNo.126875, DOJ:15-12-2021. <b>GENUKUNTA SUNITHA(EXP,OTH, )</b>, RegNo.132568, DOJ:08-12-2021. <b>kovida munaga(BPH, )</b>, RegNo.123586, DOJ:09-12-2021. <b>K sucharitha(BPH, )</b>, RegNo.123658, DOJ:15-12-2021. <b>NAVULURI SIVARAMI REDDY(BPH, )</b>, RegNo.132589, DOJ:08-12-2021.</p> <p>4. Categories of drugs : DRUGS OTHER THAN THOSE SPECIFIED IN [SCHEDULES C,C(1) AND X] License No: AP/06/22/2022-159</p> <p><b>This is a system generated license in Sales Licensing System of Andhra Pradesh Drug Control Administration</b> Date:06/05/2022</p>											
<p><u>CONDITIONS OF LICENCE</u></p>											
<p>1. This license shall be displayed in a prominent place in a part of the premises open to the public.                  2. The licensee shall comply with the provisions of the Drugs and Cosmetics Act, 1940 and the Rules thereunder for the time being in force.                  3. The licensee shall report to the licencing authority any change in the qualified staff incharge within one month of such change                  4. No drug shall be sold unless such drug is purchased under cash or Credit memo from a duly licensed dealer or a duly licensed manufacturer.                  5. The licensee shall inform the Licensing Authority in writing in the event of any change in the constitution of the firm operating under the license. Where any change in the constitution of the firm takes place, the current licence shall be deemed to be valid for a maximum period of three months from the date on which the change takes place unless, in the meantime, a fresh licence has been taken from the Licensing Authority in the name of the firm with the changed constitution</p> <p><b>Note: The License shall remain valid if the licensee deposits a license retention fee equivalent to the fee required for the grant of license before the expiry of a period of every succeeding five years from the date of its issue. Next due date for payment of Retention fee: 05-05-2027 Please visit <a href="http://apdca.ap.gov.in/">http://apdca.ap.gov.in/</a> for depositing retention fee.</b></p>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Firm_no</th> <th>Circle_Name</th> <th>Area_Name</th> <th></th> </tr> </thead> <tbody> <tr> <td>B97470</td> <td>Krishna</td> <td>Vijayawada-I</td> <td>NTC</td> </tr> </tbody> </table>	Firm_no	Circle_Name	Area_Name		B97470	Krishna	Vijayawada-I	NTC			
Firm_no	Circle_Name	Area_Name									
B97470	Krishna	Vijayawada-I	NTC								

## 2. Retention (Renewal) of Sales Licenses (Form 20, 21, 20B, 21B, 20F, 20G) (Only if no changes to the license):

1. Applicant logs in on the portal with the registered credentials and clicks on Request tab and click on Apply for Retention
2. The applicant pays the license fees online



Last Login Time: null

RETENTION OF LICENSSE			
Select ALL	License Name	License No	Expiry Date
<input type="checkbox"/>	21		12-03-2022
<input type="checkbox"/>	20BB		12-03-2022
<input type="checkbox"/>	20A		12-03-2022
<input type="checkbox"/>	21A		12-03-2022
<input type="checkbox"/>	20B		12-03-2022

3. Applicant takes the retention print from Retention print option.

LICENSE RETENTION DETAILS	
FIRM NO.	397450
APPLICANT NAME:	test
APPLICANT EMAIL:	amendtest@gmail.com
FIRM NAME:	test firm
ADDRESS:	534,new address,test,345567
MOBILE NO :	8568568678
DEPARTMENT TRANSACTION ID:	D06220749397450060520220205
TRANSACTION STATUS:	Success
APPLIED LICENSES:	20B
TRANSACTION AMOUNT:	Rs. 1500.0000/-
TRANSACTION DATE:	null
License No :0601AB2002 has been retained for a period from :10-05-2021 to :09-05-2026	

#### List Of Registered New Pharamacist

Sno	Regno	Name	Gender
1	R-P-78546756	gesr	M