User Manual (Licensing Authority)

Type the Given URL(e-aushadhi.gov.in) in the browser. Click on Login/ Registration. button

HOME   ABOUT US   STATE STATISTICS   ACTS & RULES

सत्यमेव जयते
MINISTRY OF AYUSH

NOTIFICATION   CONTACT US   **Login / Registration**

Login

Email Id

Email ID

Password

Password

Submit   Forgot Password

Registration form

State*   --select-- ▼

Licensing Authority   Drugs Inspector   Licensee/Applicant

In the Registration form Area, Select the State from State List. Click On Licensing Authority button.

Fill the form as per the following: (All fields Marked* are Mandatory)

1. Select your district/districts from the list of districts.
2. In The full name text box, type your full name
3. In the email Id text box, type your email id. (This email id will be used as user name to login to this portal and all the messages and notifications from this portal will be sent to this email id).
4. In the Mobile No. text box, type your 10 digit mobile number. (All the messages (SMS) from this portal will be sent to this mobile number.
5. In the Designation text box, type your designation.
6. In the Qualification text box , type your highest qualification.
7. From the list of available systems, select the system/systems. More than one systems can be selected.
8. In the Order Reference No. text box, type your order reference number.
9. Click on Order Date box. A calendar will appear. Select order date from calendar.
10. Click on choose file button in the order copy field, select the scanned copy of order.
11. From the "Date Of Appointment as Licensing Authority" calendar, select the date of your appointment as Licensing Authority.
12. In the captcha textbox, type the character shown above text box.
13. Click Submit Button.

MINISTRY OF AYUSH

Licensing Authority Registration Form

State   DELHI

(All fields Marked* are Mandatory)

Districts*
- ☐ Select All
- ☑ CENTRAL
- ☐ EAST
- ☐ NEW DELHI
- ☐ NORTH

Full Name*
Test Name

Email Id*
test@test.com

Mobile No.*
9898989898

Designation*
Test Designation

Qualification*

Test Qualification

System*

☑Ayurveda ☐Unani ☐Siddha ☐Homeopathy

Order Reference No.*

REF 123

Order Date*

11-04-2019

Order Copy (attachment)*

Choose File | SampleOrder.pdf

Date Of Appointment as Licensing Authority*

11-04-2019

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Submit

Once you submit your form, your registration will be completed and request will be sent to central admin.
Currently your login will be inactive and you won't be able to login.
Central admin will review your form and accept or reject the registration.
When central admin accepts the registration, your profile will be active and you will able to login.
Your password will be sent to you by email.