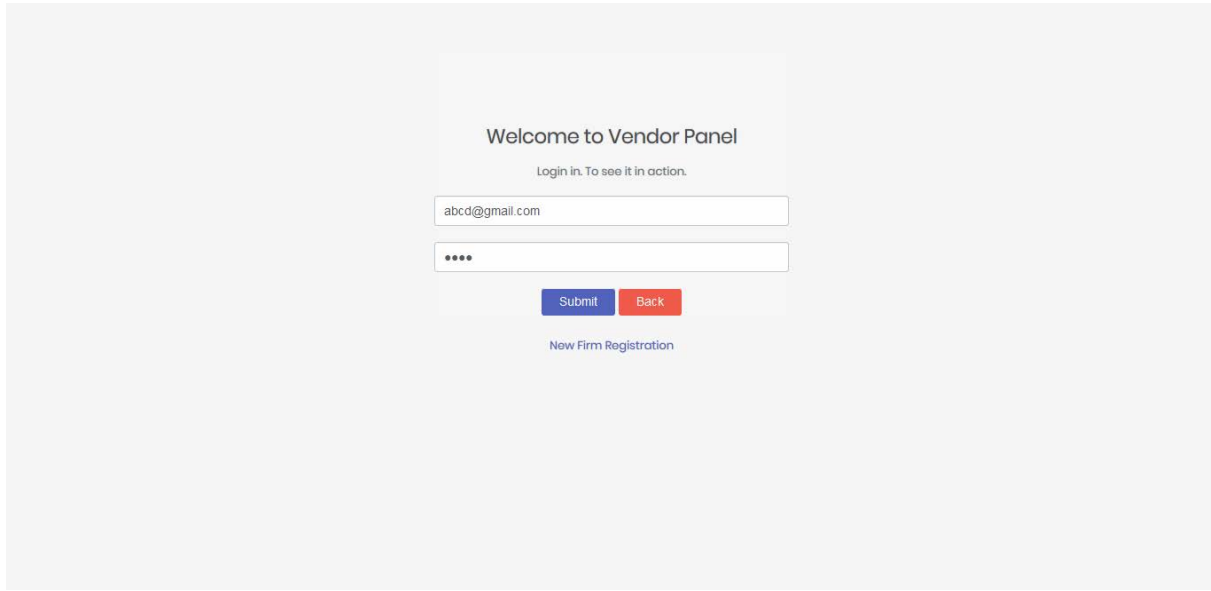


# Homeopathic Firm Registration Page

1. Firstly Vendor Open This Link <http://homoeopathyup.in>
2. After Click Apply for License
3. Then Vendor click New Registration Form



4. After Click New Firm Registration , Firm Registration Page will be open

**Homeopathic** | License Renewal System f t in p g+  
Call Us +91 0000 000 000

New Registration

## Firm Registration

**Personal Information**

Title *	Mr	Gender *	Male	Last Name	Tiwari
First Name *	Atul	Middle Name	kumar	Firm Name *	ABCD
Father Name *	VimalTiwari	Mother Name	ShantiTiwari	Type of Firm *	Sole
Date of Birth *	18/6/1995	Constitution of Firm *	Private Limited Coi	GST No	09AFGJSDG0935
Designation *	Director	CIN	30593DF35FG		

**Permanent Address**

State *	U.P	City *	Lucknow	Tehsil *	Lko
Address *	ABCD, ABCD		Flat/House No. *	78/688	
Village/Street/Sector *	Gomti Nagar	Pin Code *	786954	Nearest Landmark	Police Station
Post Office *	Gomti Nagar	Police Station *	Gomti Nagar		

**Correspondence Address**

Same as Permanent address

State	U.P	City	Lucknow	Tehsil	Lko
Address	ABCD, ABCD		Flat/House No.	78/688	
Village/Street/Sector	Gomti Nagar	Pin Code	786954	Nearest Landmark	Police Station
Post Office	Gomti Nagar	Police Station	Gomti Nagar		

**Identification Details**

ID Type *	Voter ID Card	ID Number *	DF335DFG
Aadhaar Card Number *	48961698656		

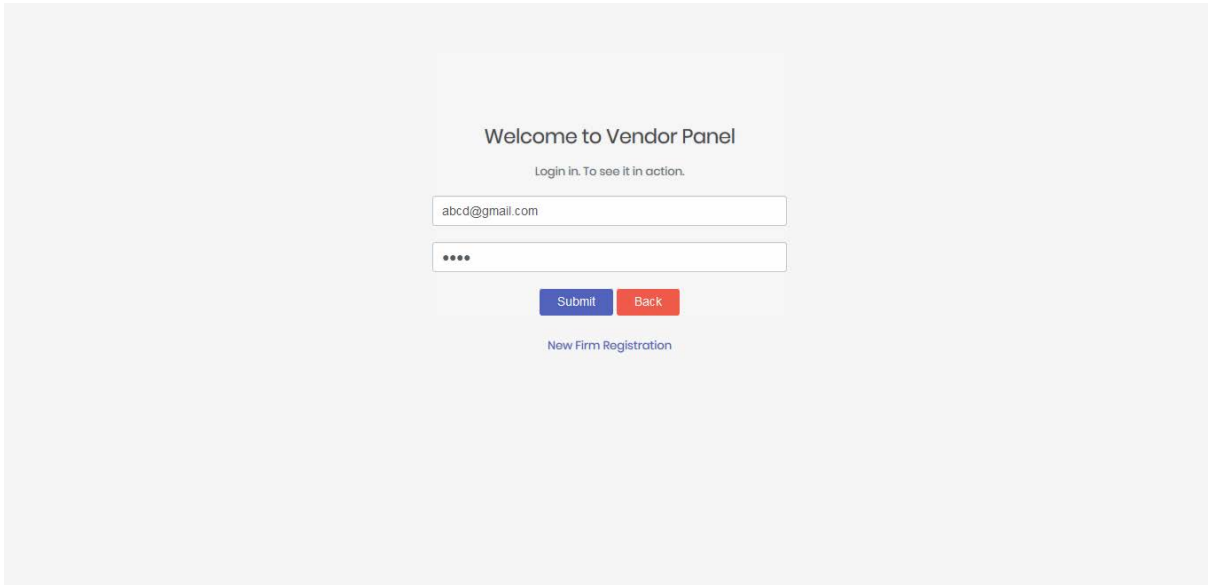
**Login Details**

Mobile Number *	12345667952	Email *	abcdj@gmail.com
Select District *	Lucknow (LKO)	Upload Photo *	Browse... No file selected.
		Upload Sign *	Browse... No file selected.

qb1bQ4 Enter Captcha \* qb1bQ4 Refresh

Submit

- Then Vendor fills all the Details.
- After Completing the firm Registration form, 4 digit Password will be generated on Vendor Email ( check on your Spam folder ) and Phone no an
- Then Vendor login to this link <http://hdl.homoeopathyup.in/vendor/>



- After The login, Vendor click New license Registration and fill all the details and submit.

**1826**  
Licence Expiry Days

**28/06/2018**  
Registration Date

**28/06/2023**  
Expiry Date

**जकीय होम्योपैथिक मेडिकल कालेजों में शिक्षकों (प्रोफेसर/रीडर/प्रवक्त) के रिक्त पदों को संविदा के आधार पर भरे जाने हेतु दिनांक 27-04-2018 से 27-0**

Sr.No.	Vendor Id	Vendor Name	Apply Date	Issue Date	Expiry Date	Accounts Dept.	Drug Inspector	Licencing Authority
1	VLKO00000003	yyvyu ycyj jyfyf	28/06/2018	28/06/2018	28/06/2023	Approved	Approved	Approved

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