

Steps For Apply Fresh Registration In DBCP

I would suggest that to follow the complete steps for apply fresh Registration in DBCP. To access the dbcp website by type the domain in your desktop/laptop in URL bar www.dbcpdelhi.org .

(1) click on Login option in Menu bar or search in google with the language fresh Registration in DBCP.



Fig : 01

Or

Search in Google "fresh Registration in DBCP "

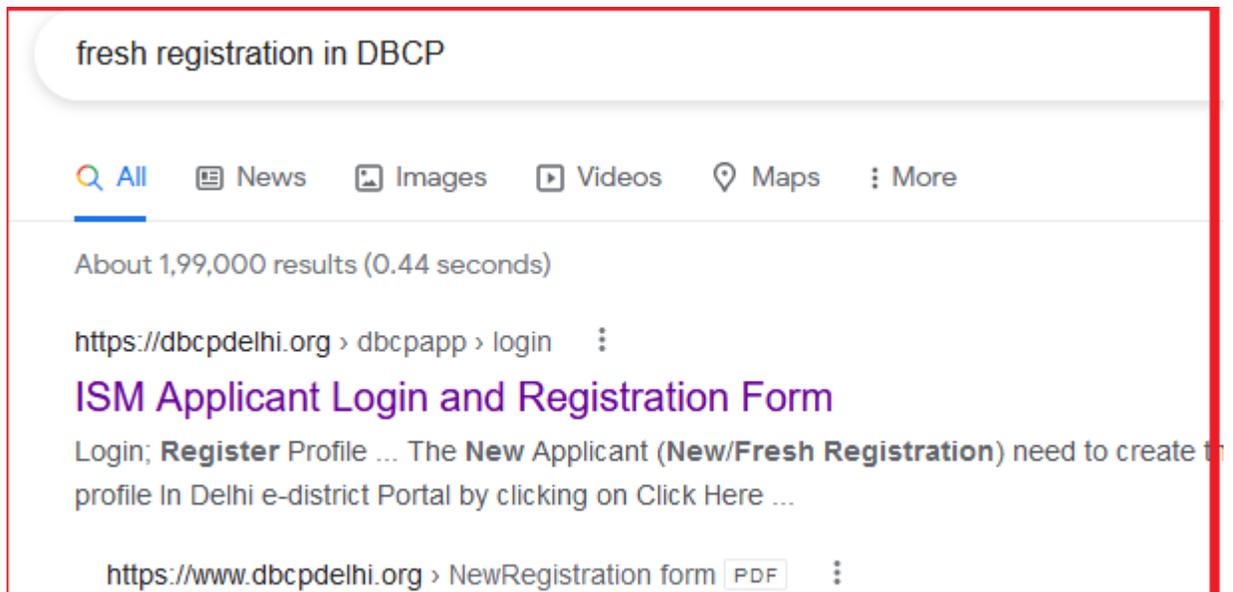


Fig : 02

Click on ISM Applicant Login and Registration Form the below page appear

- The New Applicant(**Provisional Registration, Renewal of Registration & Services**) need to create the profile by clicking on the **Register Profile** options in top right corner.
- The New Applicant (**New/Fresh Registration**) need to create the profile **In Delhi e-district Portal** by clicking on Click Here : [CLICK HERE](#)
- Once the profile created successfully, the login Id is your e-mail Id and password will be sent through E-Mail to the registered e-mail Id provided during profile creation.
- Once the profile is created successfully please click on the above Login button to login and apply for DBCP Provisional Registration and Renewal & Services.

Fig : 03

Then click on [CLICK HERE](#) links

(2) Click on ISM Applicant for New (Fresh) Registration Login

Home / Login

Login

[For Officers Login](#) [ISM Applicant for New Registration Login](#) [ISM Applicant Login](#)

Fig : 04

(3) Create profile in Delhi e-district Portal after click on **New User** in Registration at e-District Delhi.

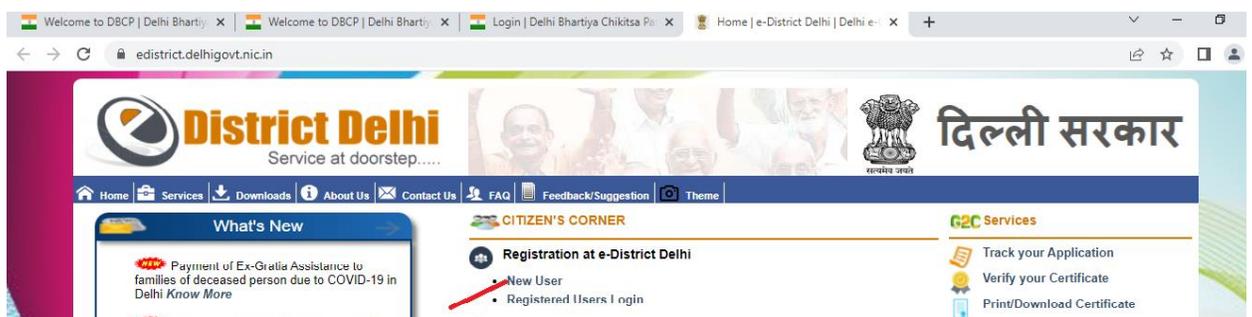


Fig : 05

(4) Fill up the Citizen Registration Form and create userid and password on Delhi e-district portal.

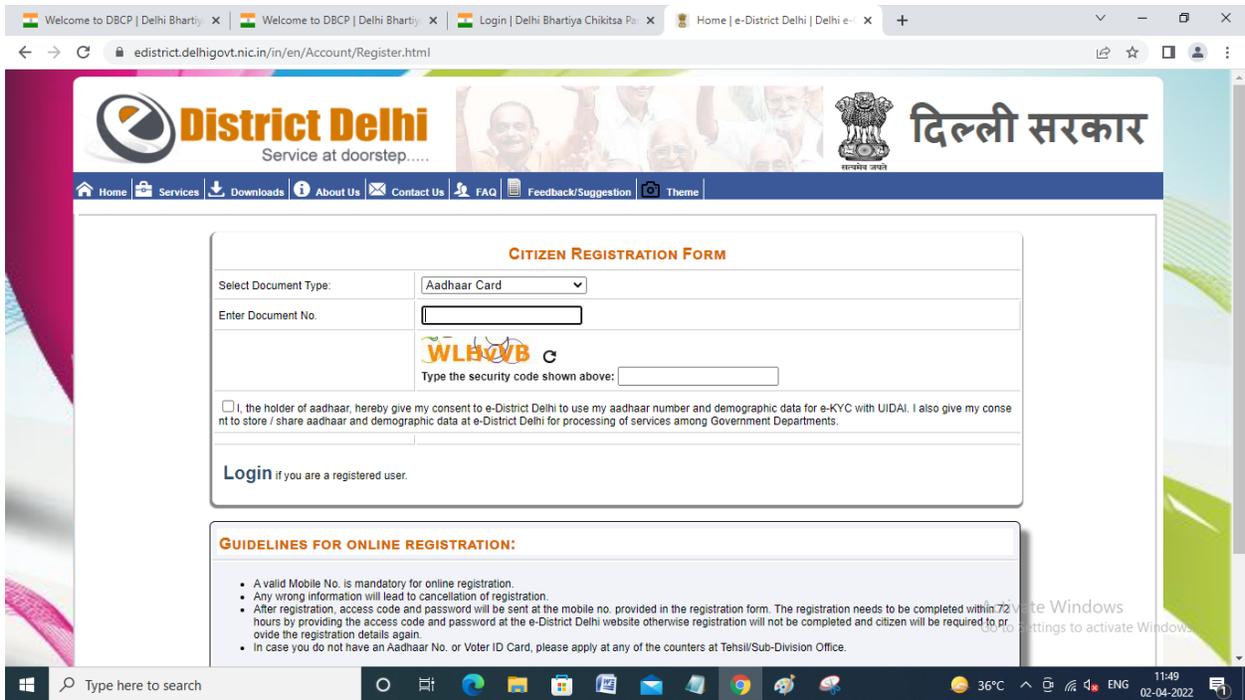


Fig : 06

- (5) Click on Registered User Login after creation of Profile in Delhi e-district portal and login using **Citizen Login Form**

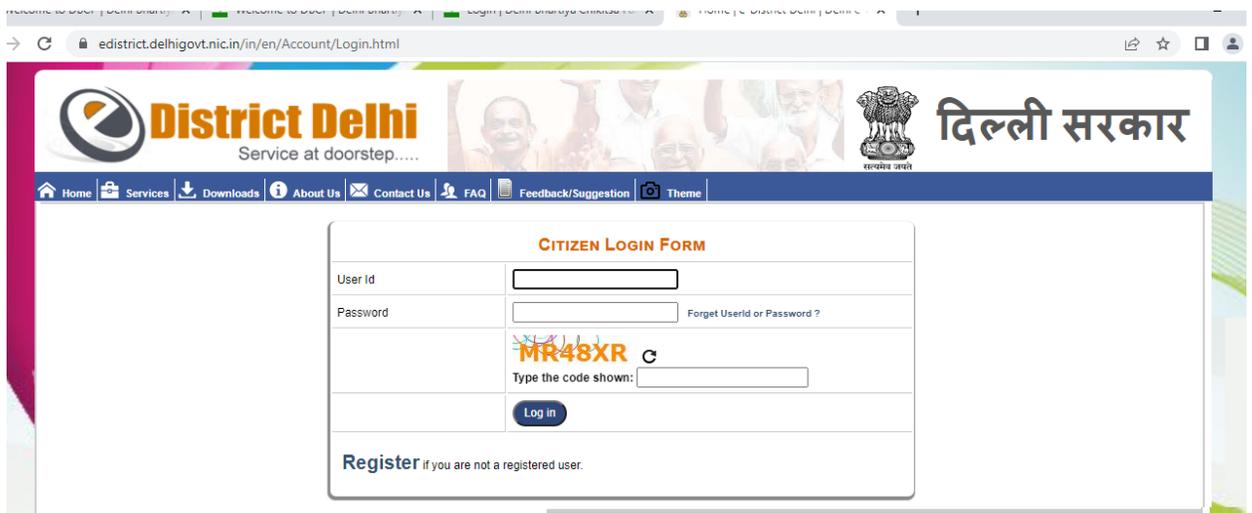


Fig : 07

- (6) The Welcome to e-District Delhi Portal page appear with basic details which was fill up during profile creation .



Fig : 08

(7) Click on apply online left corner of the menu bar and select

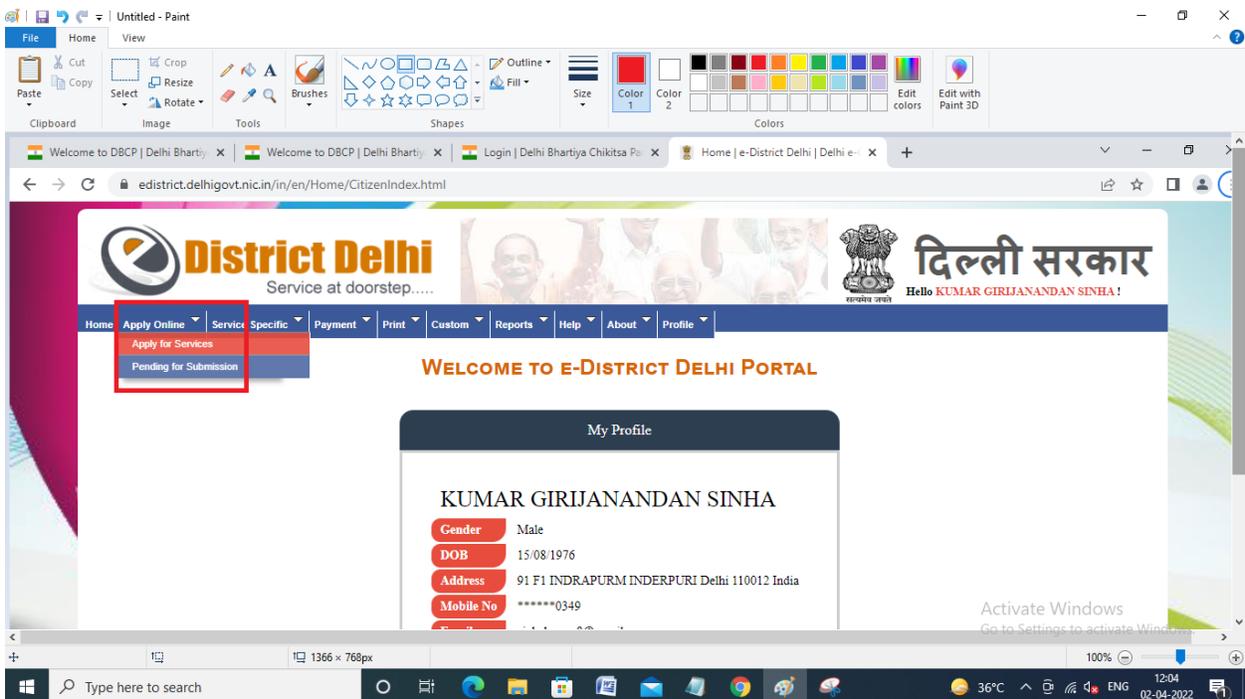


Fig : 09

- (8) Open the below page and scrooled down the page till the department name DELHI BHARATIYA CHIKITSA PARISHAD

Service Specific	Payment	Print	Custom	Reports	Help	About	Profile
404	Registration of thrift and credit socities	Registrar of Cooperativ e Societies	02/08/2021				Apply
DELHI PHARMACY COUNCIL							
405	Fresh Registration (From Delhi Institutes Only)	Delhi Pharmacy Coun cil	11/10/2021				Apply
406	Renewal	Delhi Pharmacy Coun cil	11/10/2021				Apply
407	Welfare Trust Registration	Delhi Pharmacy Coun cil	11/10/2021				Apply
DELHI BHARATIYA CHIKITSA PARISHAD							
408	Online Registration of Practitioners in DBCP	Delhi Bharatiya Chikits a Parishad	12/08/2021				Apply
NATIONAL LAW UNIVERSITY							
409	Downloading Degree of Ph.D	National Law Universit y	12/08/2021				Apply
410	Downloading Degree of LL.M. Program	National Law Universit y	12/08/2021				Apply

Fig : 10

- (9) Click on Apply button of "Online Registration of Practitioners in DBCP" services

https://edistrict.delhigovt.nic.in/Receiving/DBCPUtilityService?q=51eZKoZxvCEgroVeLPc40g==

District Delhi
Service at doorstep.....

दिल्ली सरकार
Hello KUMAR GIRIJANANDAN SINHA !

Home Apply Online Service Specific Payment Print Custom Reports Help About Profile

FORM FOR PROCESS OF DELHI BHARTIYA CHITISA PARISHAD

Note: Your are redirectig to Delhi Bhartiya Chitisa Parishad website for further processing of application. Push Proceed button to further process.

Please Wait...

Fig : 11

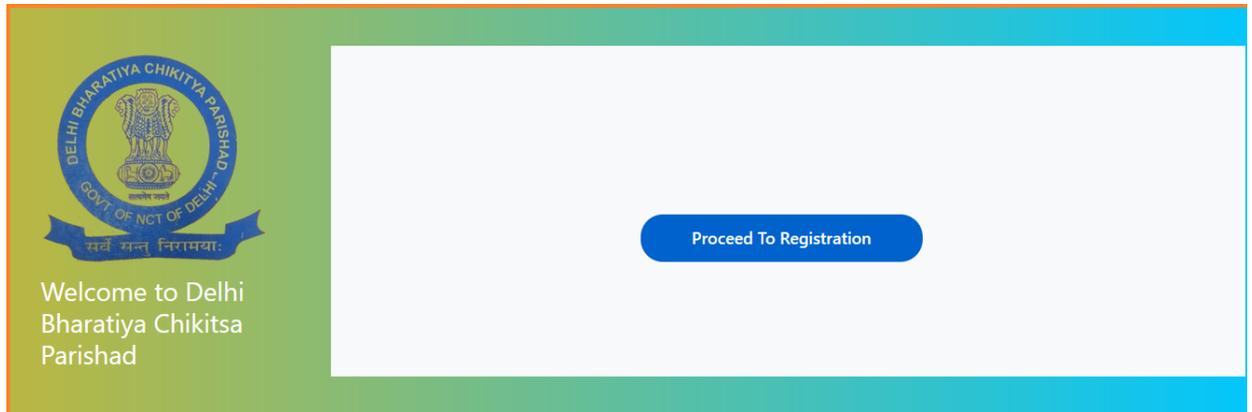


Fig : 12

(10) Click on Proceed To Registration than below page appear.



Fig :13

(11) Check on **Declaration to be checked before proceed.**

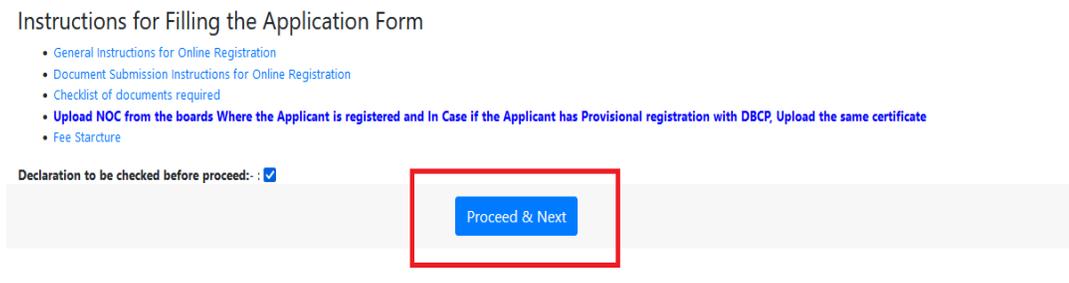


Fig : 14

(12) Click on Proceed & Next the below page appear.

Application Form For Registration

Instructions **New Registration Form** Upload Documents View Payment

1. First Name of the Applicant : *

Sur-name of the Applicant : *

Maiden Name (in case of married women) :

2. Father's Name : *

Mother Name : *

3. Sex :

4. Permanent Address :

Country :

State :

City :

Flat No/Bldg Name : *

Street/Road/Area/Locality :

Postal / Zip Code : *

Contact No : *

Email Id : *

Aadhar Number :

Mailing Address Same As Permanent Address.

Country :

State :

City :

Flat No/Bldg Name : *

Street/Road/Area/Locality :

Postal / Zip Code : *

5. Date and Place Of Birth :

6. Nationality :

By Birth

By Domicile (if by domicile state date of becoming indian citizen)

7. Detail of Internship Whether Internship was Conducted at a Hospital Recognised by the CCIM :

Whether Internship was Conducted (At a Hospital Recognized by the CCIM) :

Yes No

Hospital Name :

Internship Completion Date :

Full Particulars of matriculation or equivalent Examination passed with name of Awarding Body and Year:

Qualification : *	School/College :	Board :	Passing Year (yyyy) :
<input type="text" value="10th"/>	<input type="text" value="School/College"/>	<input type="text" value="Board"/>	<input type="text" value="Passing Year"/>

Full Particulars of inter-science or equivalent Examination passed with name of Awarding Body and Year :

Qualification : *	School/College :	Board :	Passing Year (yyyy) :
<input type="text" value="12th"/>	<input type="text" value="School/College"/>	<input type="text" value="Board"/>	<input type="text" value="Passing Year"/>

8. Details Of Qualification :

(Details of qualifications for which registration is required.Name of the University or Examing Body is also to be stated)

(Year of acquiring the qualifications.State the name of institution from which you appeared for the said examination along with your roll number at the examination)

Qualification :	Year :
<input type="text" value="Course"/>	<input type="text" value="Passing Year"/>
Awarding Body :	Institution :
<input type="text" value="University"/>	<input type="text" value="College"/>
	Roll No (at the exam) :
	<input type="text" value="Roll No."/>

9. Detail of Provisional Registration/Registration with any other Parishad Established by the Govt :

Provisional Registration Number :	Provisional Certificate Issue Date :	Name of Concerned State Council or any other Parishad Established by the Govt:
<input type="text" value="Provisional Registration No"/>	<input type="text" value="dd / mm / yyyy"/>	<input type="text" value="State Council Name"/>

10. Present Occupation :

System Of Medicine :	Date of appointment (for original document verification) :	
<input type="text" value="Present Occupation"/>	<input type="text" value="Select"/>	<input type="text" value="dd / mm / yyyy"/>

Save & Next

Fig : 15

Please follow same and upload the supporting documents and payment.

The End