

Drug Procurement & Inventory Control System (DPICS)

(User Registration Form)

(For NIC Use)

User Id :

Password:

(To be filled by Applicant)

1. Name :
2. Designation :
3. Organization :
4. Address :
5. District :
6. Mobile No. :
7. User Type : State/District/Vendor
8. Preferred User ID : 1.
2.

(Applicant's Signature)

Name:

(Signature of HOD)

Name:

Designation:

Seal:

Note:- For Vendor/Supplier's Registration form will be countersigned by CMSD, DG Health, UP.