

FLOWCHART OF FEES PAYMENT

Go to the website of W.B. GRIPS LINK: <https://wbifms.gov.in/GRIPS/>

CLICK TO **MAKE PAYMENT**

Select Department/Directorate: **Health & family welfare**

Select Service: **Receipt under the Drug, Tobacco, cigarettes, Food safety and cosmetics**

CLICK TO PROCEED

Depositor's name: Name of the company

Address: Address of the company

User type: Depositor

Payment mode: (as per your choice)

Phone no: put your company phone number

Email id: put your company e-mail id

Reference no: Put here reference no, for example: existing firm put your license number.

Mobile no: put a mobile number 9message will be send after successful submission of challan)

CLICK TO PROCEED

CHALLAN DETAILS:

Name: Directorate of ISM Drugs Control

Address: 205, Vivekananda road, third floor IBTM&IH Building, Kol-06

Period: put here financial year

Remarks: (for new license): fees of grant of ASU mfg License

(for renewal): fees of renewal of license no: for the period ofto.....

PAYMENT DETAILS

SI no:	SERVICE TYPE	HEAD OF A/C DESCRIPTION	HEAD OF A/C	AMOUNT
1	License fees	Receipts under the Drugs act- License fees	Auto select:0210-01-107-001-13	(req. fees)

SUBMIT