



FIRSTDOSE SERVICES PRIVATE LIMITED

R/O Office No. 05 Ward No 45, Jain Dharamshala Road,
Sri Ganganagar, Rajasthan 335001 IN
CIN U82990RJ2024PTC098308
GSTIN 08AAGCF1346M1ZF

Email Myfirstdose@gmail.com
Contact No. +91 95877 77047

First Dose Vendor Registration Form (Chemist/Pharmacy)

Vendor/Pharmacy Details

Pharmacy Name: _____

Owner/Proprietor Name: _____

Contact Number (Mobile & WhatsApp): _____

Email ID: _____

Full Address of Pharmacy: _____

PIN Code: _____

City: _____

State: _____

GST Number (if available): _____

Regulatory & Compliance Documents (Upload PDFs/Images)

Document	Mandatory	Attachments	No. of Pages attached
Pharmacy Drug License (Form 20 & 21 or 20B & 21B)	Yes		
Pharmacist Registration Certificate	Yes		
Aadhar Card (Owner)	Yes		
PAN Card (Owner or Business PAN)	Yes		
Shop Establishment Certificate	Yes		
GST Certificate (if GST registered)	Optional		
Bank Passbook / Cancelled Cheque	Yes		
Recent Photograph of Owner	Yes		
Storefront Image	Yes		
Signature verification from Bank	Yes		



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Bank Details (For Payouts)

Account Holder Name: _____

Bank Name: _____

Account Number: _____

IFSC Code: _____

UPI ID (Optional): _____

Operational Details

Store Timings:

- Opening Time: _____ AM

- Closing Time: _____ PM

Do you have a certified pharmacist available during working hours? Yes No

Do you accept both prescription and OTC (over-the-counter) orders? Yes No

Do you have a delivery person for local dispatches? Yes No

Declaration

I, _____, hereby declare that the information provided above is true and correct to the best of my knowledge. I agree to abide by the terms and conditions of FirstDose and ensure compliance with all applicable laws and guidelines.

Signature: _____

Date: _____

Place: _____