

## INSTRUCTION FOR HOW TO APPLY ONLINE

1. Help-line: 022-22704400 (Help Line Number is available from 10.00 am to 5.30 pm)  
Email : [mail@mchmumbai.org](mailto:mail@mchmumbai.org)
2. Candidate must create the username & password for online application entry module.
3. Candidate should retain that username & password for further Login.
4. After successfully login, candidate can apply for Provisional Registration, Permanent Registration, Renewal, Additional Qualification, Change of Address, Change of Name etc.
5. The online payment facility is now available on the portal of State Bank of India.
6. Candidate can pay online after one working day of filling the online application form.
7. Only after confirmation of candidate's payment, his/her application form will be accepted and proceed for the further process.
8. The Candidate should keep a photocopy of duly filled computerized application form and payment receipt for further reference.
9. The Candidate should submit the photocopy of duly filled computerized application form, payment receipt and relevant documents of applications to MCH Office by speed post/register post.
10. The Candidate will not get any hard copy of application form from this office.

## Step : 01

- Open web site: [www.mchmumbai.org](http://www.mchmumbai.org) , the following site will open.



# Maharashtra Council Of Homoeopathy



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Sunday, May 24, 2015 8:51:27 PM

[GO](#)

### Online Applications

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## Welcome To M.C.H, Mumbai



**Homoeopathy is a holistic system of medicine**, which aims to stimulate the body to heal itself. It is based on the principle 'like cures like'. It was founded by a German doctor Samuel Hahnemann (1755-1843) in the late 18th century. The word 'homoios' means 'like' or 'similar' and 'pathos' means 'suffering' and so Homoeopathy is a 'Medicine of likes'. It is a method of curing the sufferings in a diseased individual by administration of remedies that have the capacity to produce similar sufferings in a relatively healthy individual.



005

[VIEW FULL GALLERY](#)

### Check Status

- [View Doctor Details](#)
- [Check Application Status](#)

**CLICK TO PAY NOW**



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**Online Data Updating Programme For Registered Practitioner**

## Step : 02

- Click on Application Type For Online Apply.



Click on Application Type For Online Apply

### Online Applications

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**CLICK TO PAY NOW**

A blue button with the text 'CLICK TO PAY NOW' and logos for VISA, MasterCard, and Debit cards.

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**Online Data Updating Programme For Registered Practitioner**

## Step : 03

- When Click on application type Login page will open.
- Existing user can directly login with username & password.
- **[Create New Account]** link for New candidate to create their account.



### Online Applications

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Registration Certificate

Registration Certificate (OMS)

Additional Qualification

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Change Of Address

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Duplicate Diploma Certificate


I-card

### Doctor's Login

Username :

Password :

Don't have an account ? [Create New Account](#)



Existing User

Create New Account

## Step : 04

- When you click on [Create New Account] the registration form will open as shown below.
- Fill this Form to create new account.



### Online Applications

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Provisional Certificate

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### Create Online User

First Name \* :

Last Name \* :

Date of Birth :

Email Id :

Mobile No. \* :

User Name \* :

Password \* :

Confirm Password \* :

Your password must be between 8 and 15 characters long, contain at least one Upper Case letter (A-Z), one Lower Case letter (a-z), one number (0-9) and one special characters.



[Change Image](#)

Enter The Text Showing in Image :

[Submit](#)

[Back To Login](#)



## Step : 05

- When candidate get successfully log in, the Application Form will open.
- For example, following figure showing PROVISIONAL REGISTRATION FORM.
- Fill up this form & click on Submit Application Form button.



## Provisional Registration

### Application Instruction :

- Xerox copy of Original Internship Duration Certificate(One year Internship period should be mention)
- Xerox copy of S.S.C Board Certificate/School leaving Cert/College Leaving Cert.
- Xerox copy of Final Year(BHMS) Passing Certificate or Passing Marksheet.
- 2 Passport Size Photographs.
- All Documents should be attested by College principal/Vice Principal only
- Send all document through college to MCH Council by post along with Application print and payment receipt.
- Individual forms should not be accepted at MCH Office.
- **Fees paid under MMP Act,1961 Clause 24 shall not be refunded.**

### • Personal Details :

First Name *	<input type="text"/>	Middle Name	<input type="text"/>
Last Name	<input type="text"/>	Gender *	<input type="text" value="-- Select --"/>
Nationality	<input type="text" value="--SELECT--"/>	Date Of Birth *	<input type="text"/>
Blood Group *	<input type="text"/>	Place Of Birth	<input type="text"/>

### • Change Of Name:

First Name	<input type="text"/>	Middle Name	<input type="text"/>
Last Name	<input type="text"/>		

### • Contact Details:

Whether Postage Recieved :  Permanent Address  Professional Address

Permanent Address		Professional Address	
Address *	<input type="text"/>	Address *	<input type="text"/>
District *	<input type="text" value="-- Select --"/>	District *	<input type="text" value="-- Select --"/>
Taluka *	<input type="text"/>	Taluka *	<input type="text"/>
Pin No *	<input type="text"/>	Pin No *	<input type="text"/>
Telephone No	<input type="text"/>	Telephone No	<input type="text"/>
Mobile No *	<input type="text"/>	Email-Id*	<input type="text"/>

### • Qualification Details :

Qualification *	<input type="text" value="-- Select --"/>		
Exam Held In The Month *	<input type="text" value="-- Select --"/>	Exam Held In The Year *	<input type="text"/>
Internship From Date *	<input type="text"/>	Internship To Date *	<input type="text"/>
University *	<input type="text" value="-- Select --"/>		
College / Institute *	<input type="text"/>		

### • Application Fees Details :

Amount (Rs.) *	<input type="text" value="600.00"/>
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### • Upload Following Documents :

Sr. No.	Document Name	*	File Type	Browse File	Click to the Upload	FileSize
1	Candidate recent Photo	Y	.jpg	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	50 Kb
2	Candidate Signature	Y	.jpg	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	50 Kb
3	Application Form	Y	.jpg	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	400 Kb
4	College Internship Doing Certificate(Including One Year Internship Period)	Y	.jpg	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	400 Kb
5	Final Year Marksheet	Y	.jpg	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>	1024 Kb

Enter Text Show in Image \*

## Step : 06

- When you successfully submit application form, Doctor Profile will open as shown in following figure.
- Currently submitted form will display on the top.
- Doctor's profile show all submitted forms.



**Welcome**  
M.C.I.M. Admin

Sr No	Appl. Date	Appl. No	Application Type	Applicant Name	
1	24 May 2015	1506000014	Change of Address	ASDF ASDF	 Print
2	24 May 2015	1506000013	Change of Address	ASDF ASDF	 Print
3	23 May 2015	1506000012	Change of Address	ASDF ASDF	 Print
4	19 May 2015	1507000011	Application For Renewal / Restoration	ASDF ASDF	 Print
5	19 May 2015	1507000010	Application For Renewal / Restoration	ASDF ASDF	 Print
6	19 May 2015	1507000003	Application For Renewal / Restoration	ASDF ASDF	 Print
7	19 May 2015	1507000002	Application For Renewal / Restoration	ASDF ASDF	 Print
8	19 May 2015	1507000001	Application For Renewal / Restoration	ASDF ASDF	 Print

Currently Submitted Form

Print Application Form

## Step: 07

- Sample Application print is shown in the following figure.

Print Application Form : [ Ctrl + P ]

# MAHARASHTRA COUNCIL OF HOMOEOPATHY, MUMBAI

235 PENINSULA HOUSE, 3RD FLOOR, DR. D.N. RD, Fort Mumbai - 400001

## Change of Address

Username : adminmcim

Application Print Date : 24-05-2015

**Application No** : 1506000014  
**Application Date** : 24/05/2015  
**Amount** : Rs. 300.00/-



	First Name	Middle Name	Last Name
<b>Applicant Name</b>	: ASDF	ASDF	ASDF
<b>Gender</b>	: Male	<b>Date Of Birth</b>	: 21/05/2015

### • Contact Details :

#### Permanent Address :

**Address** : s  
**District** : Adilabad **Taluka** : Adilabad  
**Pin No** : 111111 **Telephone No** : 32132  
**Mobile No** : 1111111111 **Email Id** : sadfklj@gmj.com

### • Qualification Details :

**Univeristy** : Aligarh Muslim University, Aligarh  
**College** : Ajmal Khan Tibbiya College, Aligarh U.P.  
**Qualificatoin** : BAMS **Exam Month-Year** : January-2105  
**Internship Period** : 02/05/2015 To 02/05/2015

I make this declaration solemnly, freely and upon my honour and agree to abide by the declaration which is displayed on the website in download form section.

**Specimen Signature of the Applicant**

[\[ Close Window \]](#)



**Note :**

- ❑ Application fees pay after one working day of filling the application form.
- ❑ Online Payment Instruction is available on web site as shown in following figure.



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Instructions for Online Payment

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THE END

