## **INSTRUCTION FOR ONLINE PAYMENT**

- Help-line: 022-22618261 (Help Line Number is available from 10.00 am to 5.30 pm) Email: <u>mcimindia@gmail.com</u>
- Fees paid under MMP Act, 1961 Clause 24 shall not be refunded.
- The online payment facility is available after one working day of filling in the online Application Form.
- Please Note Applicable Bank Charges plus taxes if any will be recovered at the time of payment.
- The online Payment available from Application No: 201502314

• Open web site: <u>www.mcimindia.org.in</u>, the following site will open.



• For online payment click on left side button [CLICK TO PAY NOW] as shown in below.



Home | Admin Login | About Us | Contact Us

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- The Following form will open in new tab.
- The Online Payment Facility provide by State Bank of India.



- Tick the check box.
- Click precede button for next step.

• When you proceed the following form will open as shown in figure.



- Select Payment Category : MCIM FEES
- Enter your application No & click on submit button.

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ollect State Bank MOPS Pay EPFO			
State Bank Collect > <u>State Bank Collect</u>			
ect State Bank Collect			02-Feb-2015 [02:58 PM IST]
y			MAHARASHTRA COUNCIL OF INDIAN MEDICINE
- Maharasht	tra Council	of Indian Medicin	COFFICE OF THE MAHARASHTRA COUNCIL OF INDIAN MEDICINE COMMISSARIAT BLDG,MUMBAI.,, MUMBAI-400001
Provide details of payment			
Select Payment Category *	MCIM FEES V		
APPLICATION NUMBER *	201502269		
APPLICATION DATE *	30/01/2015		
APPLICANTS NAME *	Jadhav Mangala Laxman		
APPLICATION TYPE *	RENEWAL		
AMOUNT *	600.00		
Remarks		Enter your name again also enter your Date of Birth & Mobile no	
<ul> <li>Fees paid under MMP Act, 1961 clause 24 shall n</li> <li>Please Note Applicable Bank Charges plus taxes</li> </ul>	not be refunded.Please do enquiry b s if any will be recovered at the time	efore submitting fees. of payment.	
Please enter your Name, Date of Birth & Mobile Nu	Imber This is required to reprint vo	r effeceipt / remittance(PAP) form, if the need arises.	
	10 II		
Mobile Number *			
Enter the text as shown in the image ^	Submit Reset Back	98B51 Enter Same Text sh	nown in Box
<ul> <li>Mandatory fields are marked with an asteri</li> <li>The payment structure document if availab</li> <li>Date specified(if any) should be in the form</li> </ul>	sk (*) e will contain detailed instructions abo nat of 'ddmmyyyy'. Eg., 02082008	ut the online payment process.	

- Enter your name Again also enter your date of birth & mobile no.
- Click on submit button.

• When you successfully submit the confirmation form will open.

<b>()</b> State Bank Group				<u>Øs</u> Evit
State Bank Collect State Bank MOPS	Pay EPFO			
You are here: State Bank Collect > State Bank	Collect			
State Bank Collect	State Bank Collec	t		02-Feb-2015 [03:00 PM IST]
Confirm NEFT Txn Reprint Remittance Form Payment History		Verify details and confirm this transaction		
		Name	MAHARASHTRA COUNCIL OF INDIAN MEDICINE	
		Category	MCIM FEES	
		APPLICATION NUMBER	201502269	
		APPLICATION DATE	30/01/2015	
		APPLICANTS NAME	Jadhav Mangala Laxman	
		APPLICATION TYPE	RENEWAL	
		AMOUNT	600.00	
		Total Amount	INR 600.00	
		Remarks		
		Please ensure that you a	are making the payment to the correct payee.	
			Confirm Cancel	
© Convright OnlineSBI			Privary Sta	tement   Disclosure   Terms of Use

• Confirm your data and amount & then click confirm button.

• The online payment form.



- (A) State bank Net banking Facility.
- (B) Other Bank Net Banking Facility.
- (C) Debit / Credit Facility of any bank.

• After successfully Payment the following payment Receipt will open.

# The Candidate should keep a photocopy of duly filled computerized application form and Receipt Print for further reference.

