



Particular for Application Registration or License of FSSAI

Company/Firm Name _____

Tick Type of Registration (1)FSSAI Registration (2) FSSAI State License (3) FSSAI Central License

Company/Firm Turnover _____

Name of the Applicant (in full) & Father's Name _____

If a firm please state the name of all partners and father's name _____

Full name & address of the firm and Phone No. _____

Mail ID _____ Cell No. _____

Description (State the Business or Occupation Whether Manufacturing or Merchant or Traders or Distributor)

Nationality _____

List of Goods in Respect of Which you desire to secure Registration/License _____

Any other information _____

Place _____

Date _____

Signature of the Applicant's
(With Co. stamp)