



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)