



APPLICATION FORM

COMPANY DETAILS		NOTE- *Marked Question is Compulsory	
*Company Name			
Company Address			
*FSSAI License No		GSTN NO.	
Tel No.		*Mob. No.	
*E-Mail		Website	
*Name of Contact person		Designation	
*Scope of Work			
*Total Number of Food Handlers		*Number of FoSTaC Trained Food Handlers	
No of Kitchen running (Under product ID-16 prepared food)			
Is there any Externally provided outsourced activity that affect food safety			
1. Transportation		4. Laboratory Testing	
2. Pest Control		5. Waste Management	
3. Purchase		6. Medical Checkup	
7. Other Specify..			
*Does The organization using Consultant Service/ Training /Certification Service for food (If yes provide details)			
Declaration: I have read, understood and agree to abide by the standard term of business” Certification Agreement”, which apply to this request			
*Client Authorized Representative Name/Signature	Designation	Date	



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