File No. I(56) 2012/Advisory/FSSAI
Food Safety & Standards Authority of India
(Ministry of Health & Family Welfare)
FDA Bhawan, Kotla Road,
New Delhi – 110002,

Date: 02.4.2012

ADVISORY

Subject: FSMS Plan/ Certificates

Considering difficulty faced by FBOs in complying with requirement of furnishing FSMS Plan or Certificate and to facilitate the work of issuance of renewal/conversion and new licences during the transition period of one year, it has been decided to make the submission of this document optional for the FBO. In lieu of this, applications for licences (new/conversion/renewal) shall be accompanied with an affidavit by FBO in a non-judicial stamp paper for not less than Rs. 50/- declaring that the FBO will comply with Good Manufacturing Practices as mentioned in Schedule 4 of Food Safety and Standards (Licensing and Registration of Food Businesses) Regulations, 2011.

(Dr. S.S. Ghonkrokta)
Director (Enforcement)

To

1. All Commissioners of Food Safety for States/ UTs;
2. All Central Designated Officers, FSSAI

Copy To:

1. PPS to CP
2. All Directors, FSSAI
3. All Authorised Officers, FSSAI
(NON-JUDICIAL STAMP PAPER)

AFFIDAVIT

This is to state that We, M/s. ..............................................................................located at ......................................................... of ..................................District of ...........

.................................. State is an applicant for a new licence/conversion/renewal of licence/ as a ....................................................... (name of activity/service) of .............. .......... ......

......... ............ (category of products) and that we have a foodsafety plan to ensure safety and standards of our products as per Food Safety & Standards Act, 2006. We further declare that we shall put in place a Food Safety Management System and shall comply with the requirements under Schedule-4 of Food Safety and Standards (Licensing and Registration of Food Businesses) Regulations, 2011.

Date:                                                  (Signature):
Name:                                                  Name:
Designation:                                           Name and Address of FBO: