

Form C Government of Madhya Pradesh

Food and Drugs Administration Food Safety and Standards Authority of India License under FSS Act, 2006



अन्ज्ञप्ति संख्या / License Number: 11421010000362



 Name & Registered Office address of Licensee / अनुज्ञप्तिधारी के पंजीकृत कार्यालय का नाम

और पता:

ASCLEPIUS WELLNESS PRIVATE LIMITED RAISEN ROAD, VILLAGE - ADAMPUR,

CHHAWNI, PIPLANI, BHOPAL - 462021, Bhopal,

Madhya Pradesh-462021

2. Address of Authorized Premises / प्राधिकृत

परिसरो का पता:

RAISEN ROAD, VILLAGE - ADAMPUR,

CHHAWNI, PIPLANI, BHOPAL - 462021, Bhopal,

Bhopal, Madhya Pradesh-462021

3. Kind of Business / कारोबार का प्रकार: Trade/Retail - Storage (Except Controlled

Atmosphere and Cold) Trade/Retail - Wholesaler

4. Dairy Business Details / डेयरी कारोबार विवरण हेतु : No

5 Category of License / अनुज्ञप्ति का वर्ग:

State License

This license is granted under and is subject to the provisions of FSS Act, 2006 all of which must be complied with by the licensee. / यह अनुज्ञप्ति खाद्य संरक्षा और मानक अधिनियम, 2006 के अधीन अनुदत्त की गई और वह अधिनियम के उपबंधो के अध्यादीन है जिनका अनुज्ञप्तिधारी द्वारा अवश्य पालन किया जाना चाहिए.

Place / स्थान: Bhopal

Issued On / दिनांक: 30-03-2023 (Modified License)

Valid Upto: / वैधता: 14-05-2026 (For details, refer Annexure)

Designated Officer

Date: 30-03-2023 12:13:09

User Id : _______ 108961

Verified through Mobile: 70XXXXXX61

License Issued On: 30-03-2023 12:13:09

Annexures:

- 1. Product Annexure
- 2. Validity Annexure
- 3. Non-Form C Annexure
- 4. Conditions Of License

Note:

- 1. Application for renewal of License can be filed as early as 180 days prior to expiry date of License. You can file application for renewal or modification of License by login into FSSAI's Food Safety Compliance System(https://foscos.fssai.gov.in) with your user id and password or call us at 1800112100 for any clarification.
- 2. This License is only to commence or carry on food businesses and not for any other purpose.
- 3. This is computer generated license and doesn't require any signature or stamp by authority.