



# FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA

Ministry of Health and Family Welfare, Government of India

(<https://www.fssai.gov.in>)

**FoSCoS** (/public/)  
Food Safety Compliance System

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## Fill Registration Certificate Details

### Form "A"

[See [Regulation 2.1.1](#) (./assets/docs/FoodsafetyandStandardsregulation2011.pdf#Page=2) and [Regulation 2.1.7](#) (./assets/docs/FoodsafetyandStandardsregulation2011.pdf#Page=4) ]

Application for Registration under Food Safety and Standards Act, 2006

### Applicant Details

Name of Applicant / Company \*

Designation : \*

Individual  Partner  Proprietor  Co-operative Society  Other(s)

### Kind of Business

Food Services - Restaurants

## Address of Premises where food business is located

Address : *	<input type="text"/>	State : *	Andaman And Nicobar Islan <input type="text"/>
District/Region/Zone: *	Select District <input type="text"/>	Sub-Division/Station/Division (Railways): *	Select Sub-Division <input type="text"/>
Village : *	Select Village <input type="text"/>	Pin Code : *	<input type="text"/>
Nearest Landmark :	<input type="text"/>	Pan No(If Any) :	<input type="text"/>

Is your Correspondence Address same as Address of Premises?  Yes  No

## Correspondence Address

Address: *	<input type="text"/>	State: *	Select State <input type="text"/>
District/Region/Zone : *	Select District <input type="text"/>	Sub-Division/Station/Division (Railways) : *	Select Sub-Division <input type="text"/>
Village: *	Select Village <input type="text"/>	Pin Code: *	<input type="text"/>

## Contact Details

Tel No:	<input type="text"/>	Mobile No: *	+91 - <input type="text"/>
Fax:	<input type="text"/>	Email-ID:	<input type="text"/>

**[Note: In case the number(s) are a Private Party or common number(s), please specify the name of the contact person as well]**

Contact Person: \*

## Years you want to apply for

No. of years you want to apply for : \*  Select  Years

## Details of food items proposed to be manufactured or sold

**[Note: Only standardised food products are allowed to be manufactured as per the list available on FoSCoS.]**

Other than Manufacturer Unit		
Sl. No.	Name of the food category	Action
	Select <input type="text"/>	<a href="#">Save &amp; Add</a>

## Food Safety Mitra Details(If Applicable)

FSM No. :  Enter FSM No.

[Add](#)

### Other Details

In case of business – intended date of start :

Source of Water Supply : \*

Public  Private  Other(s)  N/A

Whether any electric power is used in manufacturing of food items:

Yes  No

[Save & Next](#)

[Cancel](#)

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