Form C
Government of India
Food Safety and Standards Authority of India
License under FSS Act, 2006

अनुज्ञप्ति संख्या / License Number: **11524021000108**

1.	Name & Registered Office address of Licensee / अनुज्ञप्तिधारी के पंजीकृत कार्यालय का नाम और पता:	EKLAVYA BIOTECH PVT. LTD. PLOT NO . 128 / 3 , DHAMTAN - BHALPADA , KATAI - BADLAPUR ROAD BHALGAON , KALYAN (EAST) , Kalyan Tahashil (Thane Zone-8), Maharashtra-421306
2.	Address of Authorized Premises / प्राधिकृत परिसरो का पता:	PLOT NO . 128 / 3 , DHAMTAN - BHALPADA , KATAI - BADLAPUR ROAD BHALGAON , KALYAN (EAST) , Kalyan Tahashil (Except Kalyan Dombivali Municipal Corporation), Kalyan Tahashil (Thane Zone-8), Maharashtra-421204
3.	Kind of Business / कारोबार का प्रकार:	Repacker - General Manufacturing Repacker - Substances Added to Food Manufacturer - Exporter - Manufacturer
4.	Dairy Business Details / डेयरी कारोबार विवरण हेतु :	No
5.	Category of License / अनुज्ञप्ति का वर्ग:	**Central 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: FSSAI Mumbai   **Designated Officer**

Issued On / दिनांक: 11-03-2025 (Renewal License)

Valid Upto: / वैधता:   19-03-2026 (For details, refer Annexure)

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.**