

Office of Divisional Commissioner

District :

ZERO TOLERANCE ZONE :

Agency - FOOD SECURITY

Basic Data [* Marked field must be filled up]

Business Unit Name _____

Addr : Road Name / Number _____

Proprietor's Name _____

Ward No. : *

Holding No. : *

Estt. / Shop No. : *

PAN No of Owner : PAN

Not Available (NA) Not Provided (NP)

1. Date of inspection //

2. Licence/Registration Status Food Licence/Regn. No

Food Licence/Regn not taken (NT)

Food Licence/Regn not required (NR)

3. Licence/Registration validity date //

4. Action Initiated (FSS Act 2006) u/s 31

u/s 47

u/r 2.1.14 (2)

u/r 2.1.1(2)

5. No. of Samples taken

6. New Licence/Registration

*Name, Designation &
Signature of Inspecting Authority*