**APPLICATION FORM FOR REGISTRATION OF PREMISES FOR THE MANUFACTURE OF BOTTLED OR PACKAGED NATURAL MINERAL WATER AND BOTTLED OR PACKAGED DRINKING WATER**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | Name of the manufacturing unit for which registration is applied |  | | | | | | |
| **2** | Full address of the premises to be registered  (with house No, Street No,  Street Boundaries)  Attach the Sketch |  | | | | | | |
| **3** | Nature of food article  manufactured or proposed to be  manufactured | Bottled (Packaged) Drinking Water | | | |  | | |
| Bottled (Packaged) Natural Mineral Water | | | |  | | |
| **4.1** | Nature of firm | Public |  | Private  Ltd |  | | Proprietary |  |
| **4.2** | Name and address of the  Managing Director: |  | | | | | | |
| **4.3** | Name and address of the  Technical Director(if any) |  | | | | | | |
| **4.4** | Name and address of the  Proprietor |  | | | | | | |
| **5.1** | Name and address of the person authorized to apply for the registration |  | | | | | | |
| **5.2** | Position held by him /in the firm |  | | | | | | |
| **6** | Brand Name of the product |  | | | | | | |
| **7** | No and date of previous registration, if any 1st Brand | Registration No :  Date: | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **8** | Particulars of amount remitted as Registration fee | Rs:  Receipt No:  Date: | | |
| **9.1** | SLS Certification(if available)  1. Local Product Certified Copy of Awarded to be Attached  2. Imported Products  (Original Letter of Recommendation by SLSI to be Attached) | | | SLS No:  Date: |
| **9.2** | ISO certification(If Available)  (Certified Copy of Awarded to be Attached) | | | |
| **9.3** | Other Certification (give details)(Certified copy of award to be attached | | | |
| **10** | * Water source * Address of the water sources * Distance between sources & manufacturing plant | |  | |
| **11** | Required Product Range | |  | |

All necessary documents requirement for registration are attached The information furnished above is true and correct to the best of my knowledge and belief.

Date ……………………………………….. ………………………………………………..

Signature of Applicant

Name of Applicant - ………………………….........

N.I.C. Number- ………………………………………..