



Form C
Government of West Bengal
Department of Health and Family Welfare
Food Safety and Standards Authority of India
License under FSS Act, 2006



GOVERNMENT OF WEST BENGAL
DEPARTMENT OF HEALTH & FAMILY WELFARE

अनुज्ञप्ति संख्या / License Number: 12820022000177



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|---|---|
| 1. Name & Registered Office address of Licensee / अनुज्ञप्तिधारी के पंजीकृत कार्यालय का नाम और पता: | JASORTYA RICE MILL SANKARIPUKUR, BARDHAMAN, DIST- PURBA BARDHAMAN, WEST BENGAL, PIN – 713103, PURBA BARDHAMAN, West Bengal-713103 |
| 2. Address of Authorized Premises / प्राधिकृत परिसरो का पता: | SANKARIPUKUR, BARDHAMAN, DIST- PURBA BARDHAMAN, WEST BENGAL, PIN – 713103, BURDWAN MUNICIPALITY, PURBA BARDHAMAN, West Bengal-713103 |
| 3. Kind of Business / कारोबार का प्रकार: | Manufacturer - General Manufacturing |
| 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 अनुदान की गई और वह अधिनियम के उपबंधों के अद्यादीन है जिनका अनुज्ञप्तिधारी द्वारा अवश्य पालन किया जाना चाहिए।

Place / स्थान: PURBA BARDHAMAN

Designated Officer

Issued On / दिनांक: 30-03-2022 (Modified License)

Valid Upto: / वैधता: 09-07-2025 (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.