



Date:04/24/2025 3:56:33

Created Date

2025-04-23 14:22:48.0

Registration Expiration Date

2026-12-31

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

☒ Yes ☐ No

Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?

☐ Yes ☒ No

Section 1: Type of Registration

Facility Location: **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **13007217070**

Are you the new owner of a previously registered facility?

☐ Yes ☒ No

Previous Owner's Title:

Previous Owner's Name:

Previous Owner's Registration Number:

Section 2: Facility Name/Address Information

Facility Name

SHRINATH AGRO INDUSTRIES GAROTH

Telephone Number

091 81 03191724

Facility Name Suffix

Fax Number

Company

Facility Street Address, Line 1

Shop No 4, Shrinath Palace, Garoth Bus Stand, Garoth

E-Mail Address

shrinhagroindustries12@gmail.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

City

Mandsaur

State/Province/Territory

Madhya Pradesh

Zip Code (Postal Code)

458880

Country/Area

INDIA

Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? No

Name

SHRINATH AGRO INDUSTRIES GAROTH

Telephone Number

091 81 03191724



Address, Line 1

S. No. - 189/1, Village Khankhari, Shamgarh,

Address, Line 2

City

Mandsaur,

State/Province/Territory

Madhya Pradesh

Zip Code (Postal Code)

458883

Country/Area

INDIA

Fax Number

E-Mail Address

shrinathagroindustries12@gmail.com

Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

☐ Same as Facility Address (Section 2)

☒ Same as Preferred Mailing Address (Section 3)

☐ None of the above

Company Name

SHRINATH AGRO INDUSTRIES GAROTH

Telephone Number

091 81 03191724

Company Name Suffix

Fax Number

Address, Line 1

S. No. - 189/1, Village Khankhari, Shamgarh,

E-Mail Address

shrinathagroindustries12@gmail.com

Address, Line 2

City

Mandsaur,

State/Province/Territory

Madhya Pradesh

Zip Code (Postal Code)

458883

Country/Area

INDIA

Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:

☒ Same as Facility Address (Section 2)

☐ Same as U.S. Agent Information (Section 7)

☐ None of the above

Individual's Title (Optional)

Emergency Contact Phone

091 81 03191724



Individual's Name (Optional)

E-Mail Address

shrinathagroindustries12@gmail.com

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (Optional)

Section 6: Trade Names

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**

☐ Yes

☒ No

Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

Name

Allied Food Safety Group LLC

Telephone Number

908 9008422 null

Address, Line 1

34 MINEBROOK RD APT 122A

Emergency Contact Phone

908 9008422

Address, Line 2

City

Edison

E-Mail Address

tmc.bhaves@gmail.com

State/Province/Territory

New Jersey

Zip Code (Postal Code)

08820

Country/Area

UNITED STATES

Section 8: Seasonal Facility Dates of Operation (Optional)

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional).

Harvest 1

Start Month

End Month

Harvest 2

Start Month

End Month

Section 9: General Product Categories - Human/Animal/Both

☒ Food for Human Consumption

☐ Food for Animal Consumption

Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility



To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Process or	Low-Acid Food Process or	Interstate Conveyance Caterer / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
37. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the food categories listed above do not apply, then print the applicable food category or categories.													
PSYLLIUM HUSK, PSYLLIUM HUSK POWDER, PSYLLIUM SEED													

Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

☐ Section 2 - Facility Address Information

☒ Section 3 - Preferred Mailing Address Information

☐ Section 4 - Parent Company Address Information

☐ Section 7 - US Agent Address Information

☐ None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Tanishk modi

Address, Line 1	Telephone Number
S. No. - 189/1, Village Khankhari, Shamgarh,	091 81 03191724
Address, Line 2	Fax Number
City	E-Mail Address
Mandsaur,	shrinathagroindustries12@gmail.com
State/Province/Territory	
Madhya Pradesh	

**FDA****U.S. FOOD & DRUG
ADMINISTRATION**

CENTER FOR FOOD SAFETY & APPLIED NUTRITION

Zip Code (Postal Code)

458883

Country/Area

INDIA**Section 11: Inspection Statement**☒ FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.