



Date:12/01/2020 7:25:32

Please review the registration.

Created Date

2020-12-01 02:19:02.0

Created by

amv26067

Registration Expiration Date

2022-12-31

Registration Renewed Date

Last Modified by

amv26067

Last Updated

2020-12-01

Last Modified by Company

AMV BOTANICS PRIVATE LIMITED

Registration Status

VALID

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

Yes  No

### Section 1: Type of Registration

Facility Location: **Foreign Registration**

Initial Registration **12261915316** Pin No **ba96gEhB**

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

AMV BOTANICS PRIVATE LIMITED

Telephone Number

091 141 2771892

Facility Name Suffix

Limited Company

Fax Number

Facility Street Address, Line 1

J-384, sitapura industrial area, tonk road

E-Mail Address

shyam.s.tanwar@hotmail.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

861334671

City

jaipur

State/Province/Territory

Rajasthan

Zip Code (Postal Code)

302022



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)? Yes

Name

**AMV BOTANICS PRIVATE LIMITED**

Telephone Number

**091 141 2771892**

Address, Line 1

**J-384, sitapura industrial area, tonk road**

Fax Number

Address, Line 2

E-Mail Address

**shyam.s.tanwar@hotmail.com**

City

**jaipur**

State/Province/Territory

**Rajasthan**

Zip Code (Postal Code)

**302022**

Country/Area

**INDIA**

### 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

**AMV BOTANICS PRIVATE LIMITED**

Telephone Number

**091 141 2771892**

Company Name Suffix

**Limited Company**

Fax Number

Address, Line 1

**J-384, sitapura industrial area, tonk road**

E-Mail Address

**shyam.s.tanwar@hotmail.com**

Address, Line 2

City

**jaipur**

State/Province/Territory

**Rajasthan**

Zip Code (Postal Code)

**302022**

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

**091 141 2771892**

Individual's Name (Optional)

E-Mail Address

**shyam.s.tanwar@hotmail.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)

First Name

Telephone Number

**saurabh**

**405 4745389 null**

Middle Name (Optional)

Emergency Contact Phone

**405 4745389**

Last Name

Fax Number

**deshwal**

Title (Optional)

E-Mail Address

**mr.**

**deshwal.saurabh@gmail.com**

Address, Line 1

**509 Talon Dr**

Address, Line 2

City

**Norman**

State/Province/Territory

**Oklahoma**

Zip Code (Postal Code)

**73072**

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

January

End Month

December

Harvest 2

Start Month

January

End Month

December

**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)
11. DIETARY CONVENTIONAL FOODS OR MEAL REPLACEMENTS (Includes Medical Foods) <sup>(21 CFR 170.3 (n) (31))</sup>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. DIETARY SUPPLEMENT CATEGORIES													
b. Vitamins and Minerals	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Herbals and Botanicals	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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: vinod deshwal

Address, Line 1

**J-384, sitapura industrial area, tonk road**

Telephone Number

**091 141 2771892**

Address, Line 2

Fax Number

City

**jaipur**

E-Mail Address

**shyam.s.tanwar@hotmail.com**

State/Province/Territory

**Rajasthan**

Zip Code (Postal Code)

**302022**

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.

**Section 12: Certification Statement**

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

**NAME OF PERSON SUBMITTING THIS REGISTRATION FORM:** vinod kumar deshwal

**CHECK ONE BOX**

A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)

B. ANOTHER AUTHORIZED INDIVIDUAL

**Address Information for the Authorizing Individual:**

Individual's Name

**-N/A-**

Telephone Number

**-N/A-**

Address, Line 1

**-N/A-**

Fax Number

**-N/A-**

Address, Line 2

**-N/A-**

E-Mail Address

**-N/A-**

City

**-N/A-**



State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-