

FDA | U.S. Food and Drug Administration Food Facility Registration

Please review your registration. If all information is correct, click the Submit button below. To make changes to a section, click the Edit button for that section.

Date

07/10/2018 1:42:59

Created by

ash51023

Created Date

2018-07-09 02:46:54.0

Registration Renewed Date

Registration Expiration Date

2018-12-31

Last Updated

2018-07-10

Registration Status

VALID

Registration Status Reason

Initial registration

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**

UPDATE OF REGISTRATION INFORMATION: *Registration Number:* **16789837190** *Pin No* **5fBA7H99** [Modify Pin](#)

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

ASHA FOODS

Telephone Number

091 997 9366600

Facility Name Suffix

Company

Fax Number

E-Mail Address

ashafood1@gmail.com

Facility Street Address, Line 1

N.H.NO. 8E, MAHUVA-BHAVNAGAR HIGHWAY, OPP.
OTHA PETROL PUMP NEAR ROHISA CHOKDI,

Facility Street Address, Line 2

VILLAGE "OTHA" MAHUVA BHAVNAGAR

City

MAHUVA, DIST. BHAVNAGAR

State/Province/Territory

Gujarat

Zip/Postal Code

364290

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

ASHA FOODS

Telephone Number

091 997 9366600

Address, Line 1

**N.H.NO. 8E, MAHUVA-BHAVNAGAR HIGHWAY, OPP.
OTHA PETROL PUMP NEAR ROHISA CHOKDI,**

Fax Number

E-Mail Address

ashafood1@gmail.com

Address, Line 2

VILLAGE "OTHA" MAHUVA BHAVNAGAR

City

MAHUVA, DIST. BHAVNAGAR

State/Province/Territory

Gujarat

Zip Code (Postal Code)

364290

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

ASHA FOODS

Telephone Number

091 997 9366600

Company Name Suffix

Company

Fax Number

E-Mail Address

ashafood1@gmail.com

Address, Line 1

**N.H.NO. 8E, MAHUVA-BHAVNAGAR HIGHWAY, OPP.
OTHA PETROL PUMP NEAR ROHISA CHOKDI,**

Address, Line 2

VILLAGE "OTHA" MAHUVA BHAVNAGAR

City

MAHUVA, DIST. BHAVNAGAR

State/Province/Territory

Gujarat

Zip Code (Postal Code)

364290

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 <i>(Optional)</i>	Emergency Contact Phone 091 997 9366600
Individual's Name <i>(Optional)</i>	
Individual's Middle Name <i>(Optional)</i>	E-mail Address ashafood1@gmail.com
Individual's Last Name <i>(Optional)</i>	Job Title <i>(Optional)</i>

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 PRADYUMAN BHARATBHAI PATEL	Telephone Number 630 4612953
Address, Line 1 1147 Shawford Way Ct	Emergency Contact Phone 630 4612953
Address, Line 2	Fax Number
City Elgin	E-Mail Address pradyumanpatel@att.net
State/Province/Territory Illinois	
Zip Code (Postal Code) 60120-5010	
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 June
Harvest 2	
Start Month January	End Month June

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

Selected Product Name	Selected Activity Types
30. SPICES, FLAVORS, AND SALTS [21 CFR 170.3 (n) (26)]	Labeler / Relabeler; Packer / Repacker;
33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES [21 CFR 170.3 (n) (19), (36)]	
c. Other Vegetable and Vegetable Products	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators); Labeler / Relabeler; Manufacturer / Processor; Packer / Repacker;
Other Activity Conducted	
DEHYDRATED ONION, GARLIC AND OTHER VEGETABLE, SPICES	

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 : JITENDRA B VALIYA

Address, Line 1

**N.H.NO. 8E, MAHUVA-BHAVNAGAR HIGHWAY, OPP.
OTHA PETROL PUMP NEAR ROHISA CHOKDI,**

Telephone Number

091 997 9366600

Fax Number

Address, Line 2

VILLAGE "OTHA" MAHUVA BHAVNAGAR

E-Mail Address

ashafood1@gmail.com

City

MAHUVA, DIST. BHAVNAGAR

State/Province/Territory

Gujarat

Zip Code (Postal Code)

364290

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: JITENDRA B VALIYA

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	Telephone Number
-N/A-	-N/A-
Address, Line 1	Fax Number
-N/A-	-N/A-
Address, Line 2	E-Mail Address
-N/A-	-N/A-
City	
-N/A-	
State/Province/Territory	
-N/A-	
Zip Code (Postal Code)	
-N/A-	
Country/Area	
-N/A-	