



Form C
Government of India
Food Safety and Standards Authority of India
License under FSSAct, 2006



अनुज्ञापित संख्या / License Number: **13326999000360**

(Central License)



1. Name & Registered Office address of Licensee / अनुज्ञापितधारी के संबंधी कार्यलय का नाम और पता: PHYTOHEALPHARMACEUTICALS PRIVATE LIMITED
Khasra No. 587, House No. 1/3580, Street No. 3
Ram Nagar Extension, Shahdara Delhi-110032,
Shahdara, Delhi-110032
2. Address of Authorized Premises / पंजीकृत पिरसरो का पता: Khasra No. 587, House No. 1/3580, Street No. 3
Ram Nagar Extension, Shahdara Delhi-110032,
SHAHDARA, Shahdara, Delhi-110032
3. Kind of Business / कारोबार का प्रकार: Relabeller - Food or Health Supplements and
Nutraceuticals etc.
4. Category of License / अनुज्ञापित का वगर: **Central License**

This license is granted under and is subject to the provisions of FSSAct, 2006 all of which must be complied with by the licensee. / यह अनुज्ञापित खाद संरका और मानक अधिनियम, 2006 के अधीन अनुदत् की गई और वह अधिनियम के उपबंधों के अध्यादीन है िजनकअनुज्ञापितधारी दारा अवश्य पालन िकयमना चाहिए.

Place / सान: FSSAIDelhi
Issued On / िदनांक: 18-05-2026 (New License)
Fee Paid Upto: / भुगतान फीस ितिथ 17-05-2027 (For details, refer
की वैधता: Annexure)

Designated Officer

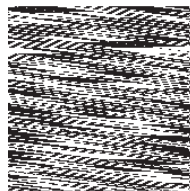
Date : 18-05-2026
12:00:04
User Id : 110863
Verified through 98XXXXXX44
Mobile :



Annexures:

1. [Product Annexure](#)
2. [License History Annexure](#)
3. [Non-Form C Annexure](#)
4. [Conditions Of License](#)

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Note:

1. To keep your License in active status, it is mandatory to pay the annual fee before due date i.e 'Fee paid upto date above'. Kindly login into FSSAI's Food Safety Compliance System (<https://foscos.fssai.gov.in>) with your user id and password for pay the annual fee any time or call us at 1800112100 for any clarification.
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