

FORM X



COASTAL AQUACULTURE AUTHORITY
Department of Fisheries
Ministry of Fisheries, Animal Husbandry and Dairying
Government of India

5th Floor, Integrated Animal Husbandry and Fisheries Department Office
Complex, Veterinary Hospital Road, Fanepet, Nandanam,
Chennai – 600 035



APPLICATION FOR CERTIFICATE OF COMPLIANCE FOR ANTIBIOTIC FREE AQUACULTURE INPUTS

1. Details of Fee

a) DD Amount (Rs)		b) DD No		c) DD date	
d) Name of the Bank					

2. Details of Firm

a) Name of the registered company/ establishment (in BLOCK LETTERS)			
b) Mobile No		c) Email ID	
d) Permanent address (Certification of registration or any other certificate as proof of address)			
e) Address for communication			
f) Status of the Applicant (Indian Manufacturer/Distributor of overseas product)			
g) If manufacturer, address of the manufacturing unit (proof of address, copy of the certificate of registration of the manufacturing unit/factory etc. should be enclosed)			
h) If distributor, source and Name & address of the manufacturer (Agreement and terms of license between manufacturer and the distributor and copy of the certificate of registration of the manufacturer should be enclosed)			
i) Process certification (ISO, GMP, BAP, HACCP, etc.)			

3. Details of the Product

a) Commercial name of the product (original labels to be enclosed)	
b) Nature of the product (Chemical/Biological)	

c) Genre of the product (Feed adult/ Feed larval/ drug/ Feed additive/ Chemical/ Disinfectant/ Probiotic/ Immunostimulant)	
d) Manufacturing process (Flow chart and proof of any process certification should be enclosed)	

4. Details of the Antibiotic-free status of the product

a) Date of completion of analysis for antibiotic residue (from lab report)	
b) Name and status of the laboratory (NABL scope for the parameters should be enclosed)	
c) Methodology used	
d) Test results (original test report should be enclosed)	
5. e) Undertaking for sample retention and reimbursement of the cost of the sample collected by CAA	
f) Details of antibiotic-free certificate from the original manufacturer of the products (health certificate/veterinary certificate or any antibiotic-free certificate or notarized self-declaration) and declaration to authorize CAA for inspection.	

6. Declaration

I/We _____,
 son(s)/daughter(s)/ wife of _____ residing at

_____, hereby declare that the information furnished above is true to the best of my knowledge and belief. I am/ We are fully aware that if the information furnished by me/us is false or there is any kind of deviation and violation of the conditions on which the Certificate of Standards may be issued by the Authority, the certificate of standards issued may be either suspended or cancelled

Place		Signature	
Date		Name of the Applicant	