



### Recommendation Proforma

This is to inform that \_\_\_\_\_ located at \_\_\_\_\_ has implemented the Eat Right Campus Initiative of FSSAI as per the SOP. Based on final audit score, the said campus is hereby recommended for certification under Eat Right Campus initiative of FSSAI.

Details of the stakeholders engaged are:

Name of the Campus	
Name of the Training Partner	
Name of the Auditing Partner	
Name of the Implementation Partner	

I further declare that the information submitted is true, complete and correct to the best of my knowledge and belief.

Date:

Sign:

Name:

Stamp

Designation: