

(Proforma for Recommendation)

This is to inform that at _____ (Name of the Cluster) located in _____ (Address and State), **Eat Right Stations** initiative of FSSAI has been implemented as per the SOP. On the basis of final audit score, the said cluster is hereby recommended for certification under Eat Right Stations initiative of FSSAI.

Details of stakeholder engaged is mentioned below.

Name of the Cluster	
Name of Training Partner	
Name of Auditing Partner	
Name of Implementation Partner*	

I further declare that information submitted by us is correct and to the best of my knowledge.

Sign:

Name of officer:

Designation:

Name of Department:

**Implementation partner can be a State/UT Food Safety Department OR a funding partner under CSR/Voluntary support initiative OR both.*

Note: Training partner and audit partner cannot be a same agency.