

**(Proforma for Recommendation)**

This is to inform that at \_\_\_\_\_ (Name of the Cluster) located in \_\_\_\_\_ (Address and State), **Eat Right Fruits and Vegetables Market** 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 Fruits and Vegetables Market initiative of FSSAI.

Details of stakeholder engaged is mentioned below.

<b>Name of the Cluster</b>	
<b>Name of Training Partner</b>	
<b>Name of Auditing Partner</b>	
<b>Name of Implementation Partner*</b>	

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.*