

(Proforma for Certification)

This is to inform that at _____
(Name of Place of worship) located in _____
(Address and State), BHOG initiative of FSSAI has been implemented as per the SOP. On the basis of final audit score, the said Place of Worship is hereby recommended for certification under BHOG initiative of FSSAI.

Details of stakeholder engaged is mentioned below.

Name Of Place of Worship	
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.*