



AIFPA FOOD SAFETY AWARDS - 2026



Application No.: _____

APPLICATION FORM

(Applicable for Micro, Small, Medium & Large Food Processing Industries)

SECTION A: APPLICANT DETAILS

1. Organization Information

Name of Organization: _____

Registered GST Address: _____

_____ GST No.: _____

FSSAI License No.: _____

Factory/Plant Address: _____

Website: _____ Email: _____ Telephone: _____

2. Contact Person

Name: _____ Designation: _____

Mobile No.: _____ Email: _____

3. Assessor Names

Assessor 1: _____ Mobile No.: _____ Email: _____

Assessor 2: _____ Mobile No.: _____ Email: _____

SECTION B: CATEGORY OF APPLICATION

Please tick the appropriate category:

☐ Micro Food Processing Industry: Annual turnover up to ₹10 Crore

☐ Small Food Processing Industry: Annual turnover above ₹10 Crore and up to ₹100 Crore

☐ Medium Food Processing Industry: Annual turnover above ₹100 Crore and up to ₹500 Crore

☐ Large Food Processing Industry: Annual turnover exceeding ₹500 Crore

SECTION C: ORGANIZATION PROFILE

Type of Business:

☐ Proprietorship ☐ Partnership ☐ LLP ☐ Private Limited

☐ Public Limited ☐ Cooperative ☐ Others _____

Year of Establishment: _____

Products Manufactured: _____

SECTION D: REGULATORY COMPLIANCE

FSSAI Details

FSSAI Licence Number (For the factory address filled in Section A): _____

Validity: _____

Certifications Held☐ ISO 22000 ☐ FSSC 22000 ☐ HACCP ☐ BRCGS☐ GMP ☐ GHP ☐ HALAL ☐ KOSHER☐ Others _____

SECTION E: FOOD SAFETY MANAGEMENT SYSTEM

1. Food Safety TeamIs a Food Safety Team constituted? ☐ Yes ☐ No

Name of Team Leader: _____ Mobile No.: _____

2. HACCP Implementation☐ Fully Implemented ☐ Partially Implemented ☐ Under Development**3. Internal Audits**

Number of Internal Audits Conducted During Last Year: _____

4. Management Review Meetings

Number Conducted During Last Year: _____

SECTION F: QUALITY ASSURANCE

Product TestingIn-house Laboratory: ☐ Yes ☐ NoNABL Accredited Laboratory Used: ☐ Yes ☐ No**Testing Frequency**☐ Every Batch ☐ Weekly ☐ Monthly ☐ As Required**Product Recall Procedure**☐ Available ☐ Not Available

SECTION G: HYGIENE & SANITATION

Personal Hygiene Program☐ Implemented ☐ Partially Implemented ☐ Not Implemented**Pest Control Program**☐ Available ☐ Not Available**Cleaning & Sanitation SOPs**☐ Available ☐ Not Available

SECTION H: TRAINING & CAPACITY BUILDING

Number of Food Safety Trainings Conducted During Last Year: _____

Number of Employees Trained: _____

Specialized Training Conducted

- ☐ HACCP ☐ GMP ☐ GHP ☐ Food Defence ☐ Food Fraud
☐ Allergen Management ☐ Others _____

SECTION I: PERFORMANCE INDICATORS

During Last Financial Year

Parameter	Number
Customer Complaints	_____
Product Recalls	_____
Regulatory Non-Conformities	_____
Internal Non-Conformities	_____
External Audit Non-Conformities	_____

SECTION J: SUSTAINABILITY, INNOVATION & BEST PRACTICES

Describe any significant food safety initiatives, sustainability (ESG), innovations, technology adoption or best practices implemented during the last three years.

(Attach separate sheet if required)

SECTION K: SUPPORTING DOCUMENTS CHECKLIST

Please attach copies of the following (* Marked Documents is compulsory):

- ☐ Company Profile*
- ☐ GST Certificate and Company PAN*
- ☐ Certificate of Incorporation*
- ☐ FSSAI License*
- ☐ Food Safety Policy
- ☐ Organization Chart
- ☐ Food Safety Team Details
- ☐ HACCP Plan
- ☐ Internal Audit Reports
- ☐ Product Testing Reports
- ☐ Training Records
- ☐ Certifications
- ☐ Management Review Records
- ☐ Pest Control Records
- ☐ Customer Complaint Records
- ☐ Best Practice Documentation
- ☐ Other Relevant Documents

SECTION L: AWARD APPLICATION PAYMENT DETAILS

A/c Holder Name: _____

Transaction Date: _____ UTR/Ref No.: _____ Amount: _____

Remarks (If Any): _____

Banking Details for Payment

A/c Holder Name : All India Food Processors' Association**Account No.:** 408329216**Name of Bank:** Indian Bank**Branch :** 106-107, Hauz Khas, New Delhi-110016**Type of Account:** Current Account**IFSC Code:** IDIB000HO19**GSTIN No. of AIFPA:** 07AAATA7939A1ZZ

SCAN & PAY



UPI ID: aifpa@indianbk

SECTION M: DECLARATION

I hereby certify that the information provided in this application form is true and correct to the best of my knowledge and belief. I agree to provide any additional information required by the assessment team and permit site assessment for evaluation under the AIFPA Food Safety Awards 2026.

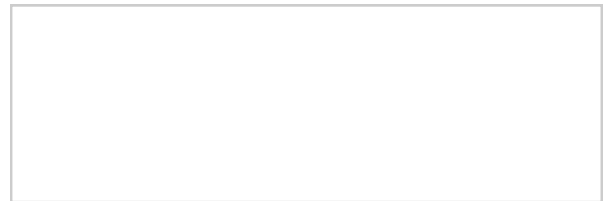
Name: _____ Designation: _____

Department: _____

Signature: _____

Date: _____

Official Seal



FOR AIFPA OFFICE USE ONLY

Application No.: _____

Category: _____

Date Received: _____

Screening Status: [] Accepted [] Rejected

Remarks: _____

Authorized Signatory
AIFPA Food Safety Awards Secretariat