

(Proforma for Certification)

This _____ is _____ to _____ inform _____ that _____ at _____ (Name of the Cluster) located in _____ (Address and State), Clean Street Food Hub 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 Clean Street Food Hub 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.