

**Application Form**  
**For Financial Assistance for Establishment / Strengthening of**  
**Codex Cell**

1. Name of the Organization

Complete Address

Tel. No. Fax No.

2. Type of Organization

(Central/State Government Organizations, IITs, Universities, Co-op.  
Society/individual/NGO/others (specify).

3. Main activities of the Organization

4. Background/experience of the organization in the field of establishment  
Of food standards or related activities (The details of  
The last three years supported by documents)

5. Organizational structure giving details of the technical per-sons/  
Facilities available for the same purpose.

6. Details of infrastructural facilities available such as access to  
Internet, etc.

7. Objective/Purpose of strengthening/establishment of Codex  
Cell

8. Benefits from the proposed Codex Cell.

9. Details of Project cost

(Cost of equipments/.....)

10. Fund requirement from MFPI

11. Implementation schedule (Bar chart/Milestone chart)

12. Previous activities conducted by the organization. Please

Furnish a copy of best report with following details:

Subject of Organization Year Amount

Activity for which done received  
53 54

13. Assistance already Component/ Amount Year  
Availed from MFPI activity for which (Rs.)  
(Give name of the assistance was  
Scheme) taken

14. Please indicate briefly the capabilities of the organization to con-duct  
The event leading to logical conclusions/recommendations  
For the benefit of processed food sector.

Place: Authorized Signatory

Date: Name (block letters)

Designation (with special seal of organization/individual)

**Declaration**

1. I/We accept the terms and conditions of the financial assistance  
Schemes of MFPI

2. I/we understand that it is open to MFPI to prescribe additional  
Terms and conditions at the time of approval of request and accept  
That my/our acceptance of a letter of approval explicitly  
Implies acceptance of such additional terms and conditions in  
Addition to any others that may have been agreed to the course  
Of correspondence.

3. I/we declare that the information given in the application is correct.  
I/We further declare that I/We have filled up the application  
Form and all necessary documents are furnished herewith  
For processing the financial assistance claim as per the check list  
Of the respective scheme.

Place: Authorized Signatory

Date: Name (block letters)

Designation (with special seal of organization/individual)

**Declaration**

This is to certify that the (Name of the organization) has not  
Implemented Food Safety/Quality Management Systems such as  
HACCP/GMP/GHP/ISO9000 etc. before the date of submitting the  
Application to MFPI for financial assistance for the proposed activities.

Place: Authorized Signatory

Date: Name (block letters)

Designation (with special seal of organization/individual)

55 56

