



Date:04/02/2026 3:00:12

Please review the registration.

Created Date

2026-03-30 03:31:14.0

Created by

deb37917

Registration Expiration Date

2026-12-31

Registration Renewed Date

Last Modified by

ame16119

Last Updated

2026-04-02

Last Modified by Company

SHARADA LAXMI ENTERPRISES

Registration Status

VALID

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

Yes No

Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?

Yes No

Section 1: Type of Registration

Facility Location: **Foreign Registration**

Initial Registration **12560408852** Pin No **BJhd4Abg**

Are you the new owner of a previously registered facility?

Yes No

Previous Owner's Title:

Previous Owner's Name:

Previous Owner's Registration Number:

Section 2: Facility Name/Address Information

Facility Name

SHARADA LAXMI ENTERPRISES

Telephone Number

091 704 2274853

Facility Name Suffix

Company

Fax Number

091 704 2274853

Facility Street Address, Line 1

1St Floor, Kh.No.39/1. / H. No-12 , Flat No-4, Rajpur Khurd, Rajpur

E-Mail Address

atulya26@gmail.com

Khurd

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

772058700

City

South Delh

State/Province/Territory

Delhi



Zip Code (Postal Code)

110068

Country/Area

INDIA

Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? Yes

Name

SHARADA LAXMI ENTERPRISES

Telephone Number

091 704 2274853

Address, Line 1

1St Floor, Kh.No.39/1. / H. No-12 , Flat No-4, Rajpur Khurd, Rajpur

Fax Number

091 704 2274853

Khurd

Address, Line 2

E-Mail Address

atulya26@gmail.com

City

South Delh

State/Province/Territory

Delhi

Zip Code (Postal Code)

110068

Country/Area

INDIA

Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

Same as Facility Address (Section 2)

Same as Preferred Mailing Address (Section 3)

None of the above

Company Name

SHARADA LAXMI ENTERPRISES

Telephone Number

091 704 2274853

Company Name Suffix

Company

Fax Number

091 704 2274853

Address, Line 1

1St Floor, Kh.No.39/1. / H. No-12 , Flat No-4, Rajpur Khurd, Rajpur

E-Mail Address

atulya26@gmail.com

Khurd

Address, Line 2

City

South Delh

State/Province/Territory

Delhi



Zip Code (Postal Code)

110068

Country/Area

INDIA

Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:

- Same as Facility Address (Section 2)
- Same as U.S. Agent Information (Section 7)
- None of the above

Individual's Title (Optional)

Emergency Contact Phone

091 704 2274853

Individual's Name (Optional)

E-Mail Address

atulya26@gmail.com

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (Optional)

Section 6: Trade Names

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**

- Yes
- No

Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

Name

AMERICAN REGULATORY COMPLIANCES INC.

Telephone Number

914 3594972 null

Address, Line 1

21 BRIDLE PATH RD,

Emergency Contact Phone

914 3594972

Address, Line 2

City

Ossining

E-Mail Address

info@americancompliances.com

State/Province/Territory

New York

Zip Code (Postal Code)

10562

Country/Area

UNITED STATES

Section 8: Seasonal Facility Dates of Operation (Optional)

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional).

Harvest 1



Start Month _____ End Month _____

Harvest 2

Start Month _____ End Month _____

Section 9: General Product Categories - Human/Animal/Both

Food for Human Consumption

Food for Animal Consumption

Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Process or	Low-Acid Food Process or	Interstate Conveyance Caterer / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
37. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the food categories listed above do not apply, then print the applicable food category or categories.

Round Plates, Square Plates, Square Bowl, Rectangle Plate, Oval plate, Bowls

Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - US Agent Address Information
- None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Atulya Rout



Address, Line 1 1St Floor, Kh.No.39/1. / H. No-12 , Flat No-4, Rajpur Khurd, Rajpur Khurd	Telephone Number 091 704 2274853
Address, Line 2	Fax Number 091 704 2274853
City South Delh	E-Mail Address atulya26@gmail.com
State/Province/Territory Delhi	
Zip Code (Postal Code) 110068	
Country/Area INDIA	

Section 11: Inspection Statement

FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12: Certification Statement

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: Atulya Rout

CHECK ONE BOX

- A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)
- B. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

Individual's Name -N/A-	Telephone Number -N/A-
Address, Line 1 -N/A-	Fax Number -N/A-
Address, Line 2 -N/A-	E-Mail Address -N/A-
City -N/A-	
State/Province/Territory -N/A-	



Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-