

FORM X-A



COASTAL AQUACULTURE AUTHORITY
 Department of Fisheries
 Ministry of Fisheries, Animal Husbandry and Dairying
 Government of India

5th Floor, Integrated Animal Husbandry and Fisheries Department Office Complex, Veterinary
 Hospital Road, Fanepet, Nandanam,
 Chennai – 600 035



**APPLICATION FOR RENEWAL OF CERTIFICATE OF COMPLIANCE FOR ANTIBIOTIC FREE
 AQUACULTURE INPUTS**

1. Details of Fee

a) DD Amount (Rs)		b) DD No		c) DD date	
d) Name of the Bank					

2. Details of the Product

a) Certification Number	
b) Commercial name of the product	
c) Self-Declaration for the antibiotic-free status and unchanged characteristics of the product	
d) Label of the product (if any change proposed)	

3. Details of the Antibiotic-free status of the product

a) Date of completion of analysis for antibiotic residue (from lab report)	
b) Name and status of the laboratory (NABL scope for the parameters should be enclosed)	
c) Methodology used	
d) Test results (original test report should be enclosed)	

4. Details of Firm

a) Name of the registered company/ establishment (in BLOCK LETTERS)		
b) Mobile No	c) Email ID	
d) Updates if any for the manufacturing unit		

5. Declaration

I/We _____,
 son(s)/daughter(s)/ wife of _____ residing at

_____, hereby declare that the information furnished above is true to the best of my knowledge and belief. I am/ We are fully aware that if the information furnished by me/us is false or there is any kind of deviation and violation of the conditions on which the Certificate of Standards may be issued by the Authority, the certificate of compliance issued may be either suspended or cancelled

Place		Signature	
Date		Name of the Applicant	