

FDA | U.S. Food and Drug Administration

Food Facility Registration

Please review your registration. If all information is correct, click the Submit button below. To make changes to a section, click the Edit button for that section.

Date

01/10/2024 8:11:03

Created by

jee58081

Created Date

2022-12-02 11:38:38.0

Registration Renewed Date

Registration Expiration Date

2024-12-31

Last Updated

2023-01-03

Registration Status

VALID

Registration Status Reason

Accepted UFI

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 broker, distributor, importer/filer?

Yes No

Do you take physical possession of the food?

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**

UPDATE OF REGISTRATION INFORMATION: *Registration Number:* **19409891348** *Pin No* **dg7ca99E** [Modify Pin](#)

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

Jeeva Organic Private Limited

Telephone Number

091 91 9937054654

Facility Name Suffix

Limited

Fax Number

E-Mail Address

info@jeevaorganic.com

Facility Street Address, Line 1

UNIT NUMBER DCB 705 7TH FLOOR,

Unique Facility Identifier (UFI)

861511917

Facility Street Address, Line 2

DLF,INDUSTRIAL ESTATE,

City

BHUBANESWAR

State/Province/Territory

Odisha

Zip/Postal Code

751024

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

Jeeva Organic Private Limited

Telephone Number

091 91 9937054654

Address, Line 1

UNIT NUMBER DCB 705 7TH FLOOR,

Fax Number

Address, Line 2

DLF,INDUSTRIAL ESTATE,

E-Mail Address

info@jeevaorganic.com

City

BHUBANESWAR

State/Province/Territory

Odisha

Zip Code (Postal Code)

751024

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

Jeeva Organic Private Limited

Telephone Number

091 91 9937054654

Company Name Suffix

Limited

Fax Number

E-Mail Address

info@jeevaorganic.com

Address, Line 1

UNIT NUMBER DCB 705 7TH FLOOR,

Address, Line 2

DLF,INDUSTRIAL ESTATE,

City

BHUBANESWAR

State/Province/Territory

Odisha

Zip Code (Postal Code)

751024Country/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 91 9937054654Individual's Name *(Optional)*

E-mail Address

info@jeevaorganic.comIndividual's Middle Name *(Optional)*Individual's Last Name *(Optional)*Job Title *(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

Green Jeeva LLC

Telephone Number

702 4459615

Address, Line 1

2610 W Horizon Ridge Pkwy

Emergency Contact Phone

702 4459615

Address, Line 2

Suite 201A

Fax Number

City

Henderson

E-Mail Address

sales@greenjeeva.com

State/Province/Territory

Nevada

Zip Code (Postal Code)

89052

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

Selected Product Name	Selected Activity Types
12. DIETARY SUPPLEMENT CATEGORIES	
b. Vitamins and Minerals	Labeler / Relabeler;
d. Herbals and Botanicals	Labeler / Relabeler;

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

Selected Product Name	Selected Activity Types
6. BOTANICALS AND HERBS	Labeler / Relabeler;

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 - U.S. Agent Address Information
 None of the above

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

Address, Line 1
UNIT NUMBER DCB 705 7TH FLOOR,

Telephone Number
091 91 9937054654

Address, Line 2
DLF,INDUSTRIAL ESTATE,

Fax Number

City
BHUBANESWAR

E-Mail Address
info@jeevaorganic.com

State/Province/Territory
Odisha

Zip Code (Postal Code)
751024

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: Uttam Haldar

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	Telephone Number
-N/A-	-N/A-
Address, Line 1	Fax Number
-N/A-	-N/A-
Address, Line 2	E-Mail Address
-N/A-	-N/A-
City	
-N/A-	
State/Province/Territory	
-N/A-	
Zip Code (Postal Code)	
-N/A-	
Country/Area	
-N/A-	