



Date:04/18/2025 5:10:09

Created Date

2025-04-18 04:56:20.0

Registration Expiration Date

2026-12-31

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**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **18874536484**

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

RUKHM INDUSTRIES LIMITED

Telephone Number

091 900 4608833

Facility Name Suffix

Company

Fax Number

Facility Street Address, Line 1

302, 3RD FLOOR, KAPADIA CHAMBERS, J S S ROAD, CHIRA BAZAR

E-Mail Address

rukhimindustries@gmail.com

Facility Street Address, Line 2

MARINE LINES

Unique Facility Identifier (UFI)

City

Mumbai

State/Province/Territory

Maharashtra

Zip Code (Postal Code)

400002

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)? No



| | |
|--|-----------------------------------|
| Name | Telephone Number |
| RUKHM INDUSTRIES LIMITED | 091 900 4608833 |
| Address, Line 1 | Fax Number |
| VILL BHOJO KI BA, | |
| Address, Line 2 | E-Mail Address |
| CHAK NO 2,K N 25/13, 25/15, 25/24, 25/22, KUL RAKBA 43.00 BIGHA | rukhimindustries@gmail.com |
| City | |
| JODHPUR | |
| State/Province/Territory | |
| Rajasthan | |
| Zip Code (Postal Code) | |
| 342307 | |
| 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 | Telephone Number |
| RUKHM INDUSTRIES LIMITED | 091 900 4608833 |
| Company Name Suffix | Fax Number |
| | |
| Address, Line 1 | E-Mail Address |
| VILL BHOJO KI BA, | rukhimindustries@gmail.com |
| Address, Line 2 | |
| CHAK NO 2,K N 25/13, 25/15, 25/24, 25/22, KUL RAKBA 43.00 BIGHA | |
| City | |
| JODHPUR | |
| State/Province/Territory | |
| Rajasthan | |
| Zip Code (Postal Code) | |
| 342307 | |
| 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

091 900 4608833

Individual's Name (Optional)

E-Mail Address

rukmindustries@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

Telephone Number

Allied Food Safety Group LLC

908 9008422 null

Address, Line 1

Emergency Contact Phone

34 MINEBROOK RD APT 122A

908 9008422

Address, Line 2

City

Edison

E-Mail Address

State/Province/Territory

tmc.bhavesh@gmail.com

New Jersey

Zip Code (Postal Code)

08820

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.

Psyllium Husk Powder, Psyllium Husk, Psyllium Seeds, Psyllium Seeds Powder

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: **GOPAL BHATTER**

Address, Line 1
302, 3RD FLOOR, KAPADIA CHAMBERS, J S S ROAD, CHIRA BAZAR

Telephone Number
091 900 4608833

Address, Line 2
MARINE LINES

Fax Number

City
Mumbai

E-Mail Address
rukmindustries@gmail.com

State/Province/Territory
Maharashtra



Zip Code (Postal Code)

400002

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.