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STATUS: FILED

FCE: 30228

Establishment: **BIKAJI FOODS INTERNATIONAL LIMITED** Limited, E-558-561, C-569-572, E-573-577, F-585-592, Karni Extension, RIICO Industrial Area,, BIKANER, Rajasthan, INDIA - 334004

[Back to Folder Menu](#)

1 - 3 of 3

	SID	Inquiry	Submission Date	Product Name	Paper / Electronic	Process Method	Container Type	Container Shape	Container Length	Container Width	Container Height	Container Cylindrical Height	Container Diameter	Volume	Volume Type
<input type="radio"/>	20170612003		06/12/2017	Mini Rasgulla (Soft cottage cheese dumplings in sugar syrup)	E	Water Activity Control	Aluminum/Tinplate/Steel Can	Cylindrical				410	400		
<input type="radio"/>	20170612002		06/12/2017	Rasmalai Patty (Soft Cottage Cheese Patty in Sugar Syrup)	E	Water Activity Control	Aluminum/Tinplate/Steel Can	Cylindrical				410	400		
<input type="radio"/>	20170609001		06/12/2017	Soft cottage cheese balls dumplings in sugar syrup (Rasgulla)	E	Water Activity Control	Aluminum/Tinplate/Steel Can	Cylindrical				410	400		

[Back](#)  
 [View](#)  
 [Copy](#)  
 [Print](#)  
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[Back to Main](#)



# FDA | U.S. Food and Drug Administration

## Food Facility Registration

Date: 04/01/2019 4:46:38

Created Date <b>2018-09-22 06:46:09.0</b>	Created by <b>bik21307</b>
Registration Expiration Date <b>2020-12-31</b>	Registration Renewed Date <b>2018-12-27</b>
Last Updated <b>2019-04-01</b>	Registration Status Reason <b>Biennial Registration Renewal - 2018</b>
Registration Status <b>VALID</b>	

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

Yes  No

### Section 1: Type of Registration

Facility Location: **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION: Registration Number: **11026630872** Pin No **6e5f89de**

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 <b>BIKAJI FOODS INTERNATIONAL LIMITED</b>	Telephone Number <b>091 151 2250350</b>
Facility Name Suffix <b>Limited</b>	Fax Number
Facility Street Address, Line 1 <b>E-558-561, C-569-572, E-573-577, F-585-592</b>	E-Mail Address <b>bikaji@gmail.com</b>
Facility Street Address, Line 2 <b>Karni Extension, RIICO Industrial Area,</b>	
City <b>BIKANER</b>	
State/Province/Territory <b>Rajasthan</b>	
Zip/Postal Code <b>334004</b>	
Country/Area <b>INDIA</b>	

### 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

**BIKAJI FOODS INTERNATIONAL LIMITED****091 151 2250350**

Address, Line 1

Fax Number

**F-196-197,**

E-Mail Address

Address, Line 2

**bikaji@gmail.com****BICHHWAL INDUSTRIAL AREA**

City

**BIKANER**

State/Province/Territory

**Rajasthan**

Zip Code (Postal Code)

**334006**

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

**BIKAJI FOODS INTERNATIONAL LIMITED****091 151 2250350**

Company Name Suffix

Fax Number

Address, Line 1

E-Mail Address

**F-196-197,****bikaji@gmail.com**

Address, Line 2

**BICHHWAL INDUSTRIAL AREA**

City

**BIKANER**

State/Province/Territory

**Rajasthan**

Zip Code (Postal Code)

**334006**

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

Individual's Name (Optional)

**001 917 4783225****Girish**

E-mail Address

Individual's Middle Name (Optional)

**girish@krishnafoodcorp.com**

Individual's Last Name (Optional)

Job Title (Optional)

**Malhotra****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

Alternate Trade Name #1: **Bikaji**

Alternate Trade Name #2: **Bikaji Foods International Ltd.**

**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)

First Name **Girish** Telephone Number **917 4783225**  
 Middle Name (Optional) Emergency Contact Phone **917 4783225**  
 Last Name **Malhotra** Fax Number  
 Title (Optional) E-Mail Address **girish@krishnafoodcorp.com**  
 Address, Line 1 **59 Ariel Ct**  
 Address, Line 2  
 City **Branchburg**  
 State/Province/Territory **New Jersey**  
 Zip Code (Postal Code) **08853-4233**  
 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 Processor	Low-Acid Food Processor	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)
3. BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS [21 CFR 170.3 (n) (1), (9)]	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Processor	Low-Acid Food Processor	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)
6. CEREAL PREPARATIONS, BREAKFAST FOODS, QUICK COOKING / INSTANT CEREALS [21 CFR 170.3 (n) (4)]	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. CHEESE AND CHEESE PRODUCT CATEGORIES [21 CFR 170.3 (n) (5)]													
d. Other Cheeses and Cheese Products	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. DRESSING AND CONDIMENTS [21 CFR 170.3 (n) (8), (12)]	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. ICE CREAM AND RELATED PRODUCTS [21 CFR 170.3 (n) (20), (21)]	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. IMITATION MILK PRODUCTS [21 CFR 170.3 (n) (10)]	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. MACARONI OR NOODLE PRODUCTS [21 CFR 170.3 (n) (23)]	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. MILK, BUTTER, OR DRIED MILK PRODUCTS [21 CFR 170.3 (n) (12), (30), (31)]	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. NUTS AND EDIBLE SEED PRODUCT CATEGORIES [21 CFR 170.3 (n) (26), (32)]													
a. Nut and Nut Products	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. SNACK FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE) [21 CFR 170.3 (n) (37)]	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES [21 CFR 170.3 (n) (19), (36)]													
c. Other Vegetable and Vegetable Products	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH [21 CFR 170.3 (n) (1), (23)]	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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: Deepak Agarwal

Address, Line 1  
F-196-197,

Telephone Number  
091 151 2250350

Address, Line 2

**BICHHWAL INDUSTRIAL AREA**

Fax Number

E-Mail Address

City

**BIKANER****bikaji@gmail.com**

State/Province/Territory

**Rajasthan**

Zip Code (Postal Code)

**334006**

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:** Deepak Agarwal

**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-**