

Date: Jun 13, 2025, 4:52:44 PM

Section 1 Type of Registration

1a.	FOREIGN REGISTRATION	
1b.	INITIAL REGISTRATION: 18966173916	PIN NUMBER:8dH9CaCG
ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? <input type="radio"/> Yes <input checked="" type="radio"/> No		
1c.	PREVIOUS OWNER'S TITLE : PREVIOUS OWNER'S NAME : PREVIOUS OWNER'S REGISTRATION NUMBER :	

Section 2 Facility Name/Address Information

FACILITY NAME: RAAM MULTISOLVEX INDIA LIMITED

FACILITY NAME SUFFIX: Limited

FACILITY STREET ADDRESS, Line1: Dpt-042, Ground Floor, Dlf Prime Towers, F-block

FACILITY STREET ADDRESS, Line2: Okhla Industrial Area, Phase-1

CITY: New Delhi STATE/PROVINCE/TERRITORY: Delhi

ZIP CODE (POSTAL CODE): 110020

COUNTRY/AREA: INDIA

PHONE NUMBER (Include Area/Country Code): 91 91 7480299032

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS: RAAM.MIPL@GMAIL.COM

Section 3 Preferred Mailing Address Information

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

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

NAME: RAAM MULTISOLVEX INDIA LIMITED

ADDRESS, Line1: PLOT NO. 214 A-B, NEW INDUSTRIAL AREA, HOSHANGABAD ROAD

ADDRESS, Line2:

CITY: MANDIDEEP STATE/PROVINCE/TERRITORY: Madhya Pradesh

ZIP CODE (POSTAL CODE): 462046

COUNTRY/AREA: INDIA

PHONE NUMBER (Include Area/Country Code): 91 7480 299032

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS:

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:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- None of the above

NAME OF PARENT COMPANY: RAAM MULTISOLVEX INDIA LIMITED

PARENT COMPANY SUFFIX:

STREET ADDRESS OF PARENT COMPANY, Line 1: PLOT NO. 214 A-B, NEW INDUSTRIAL AREA, HOSHANGABAD ROAD

STREET ADDRESS OF PARENT COMPANY, Line2:

CITY: MANDIDEEP	STATE/PROVINCE/TERRITORY: Madhya Pradesh
ZIP CODE (POSTAL CODE): 462046	
COUNTRY/AREA: INDIA	
PHONE OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code): 91 7480 299032	

FAX # OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code):

E-MAIL ADDRESS OF INDIVIDUAL AT PARENT COMPANY:

Section 5 Emergency Contact Information

For foreign facilities, FDA will use your U.S. agent as your emergency contact unless you choose to designate a different contact here.

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:	INDIVIDUAL'S TITLE OTHER:
INDIVIDUAL'S NAME: P.S. Bhatia	
INDIVIDUAL'S MIDDLE NAME:	
INDIVIDUAL'S LAST NAME:	
TITLE: Manager	
EMERGENCY CONTACT PHONE (Include Area/Country Code): 91 998 1513248	
E-MAIL ADDRESS: RMIPL.MDP@GMAIL.COM	

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")):

ALTERNATE TRADE NAME #1:

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 OF U.S. AGENT: Garg Law PLLC	
ADDRESS, Line 1: 7150 E Camelback Rd	
ADDRESS, Line 2: Suite 444	
CITY: Scottsdale	STATE: Arizona
ZIP CODE (POSTAL CODE): 85251	COUNTRY/AREA: UNITED STATES
PHONE NUMBER (Include Area/Country Code): 480 5652178	
EMERGENCY CONTACT PHONE NUMBER (Include Area Code): 480 5652178	

FAX NUMBER (Include Area/Country Code):

EMAIL ADDRESS: shelly@garg-law.com

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.

For Harvest 1

Start Month:

End Month:

For Harvest 2

Start Month:

End Month:

<input type="checkbox"/>	18. FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS [21 CFR 170.3 (n) (3), (16), (35)]	<input type="checkbox"/>												
<input type="checkbox"/>	19. GELATIN, RENNET, PUDDING MIXES, OR PIE FILLINGS [21 CFR 170.3 (n) (22)]	<input type="checkbox"/>												
<input type="checkbox"/>	20. ICE CREAM AND RELATED PRODUCTS [21 CFR 170.3 (n) (20), (21)]	<input type="checkbox"/>												
<input type="checkbox"/>	21. IMITATION MILK PRODUCTS [21 CFR 170.3 (n) (10)]	<input type="checkbox"/>												
<input type="checkbox"/>	22. MACARONI OR NOODLE PRODUCTS [21 CFR 170.3 (n) (23)]	<input type="checkbox"/>												
<input type="checkbox"/>	23. MEAT, MEAT PRODUCTS AND POULTRY (FDA REGULATED) [21 CFR 170.3 (n) (17), (18), (29), (34), (39), (40)]	<input type="checkbox"/>												
<input type="checkbox"/>	24. MILK, BUTTER, OR DRIED MILK PRODUCTS [21 CFR 170.3 (n) (12), (30), (31)]	<input type="checkbox"/>												
<input type="checkbox"/>	25. MULTIPLE FOOD DINNERS, GRAVIES, SAUCES AND SPECIALTIES [21 CFR 170.3 (n) (11) (14), (17), (18), (23), (24), (29), (34), (40)]	<input type="checkbox"/>												
<input type="checkbox"/>	26. NUTS AND EDIBLE SEED PRODUCT CATEGORIES [21 CFR 170.3													

<input type="checkbox"/>	34. VEGETABLE OILS (INCLUDES OLIVE OIL) [21 CFR 170.3 (n) (12)]	<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"/>	<input type="checkbox"/>
<input type="checkbox"/>	35. VEGETABLE PROTEIN PRODUCTS (SIMULATED MEATS) [21 CFR 170.3 (n) (33)]	<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"/>	<input type="checkbox"/>
<input checked="" 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"/>	37. NONE OF THE ABOVE FOOD CATEGORIES	<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"/>	<input type="checkbox"/>

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

Other Activity Conducted

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:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - US Agent Address Information

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR AGENT IN CHARGE: RAAM MULTISOLVEX INDIA LIMITED

STREET ADDRESS, Line 1: PLOT NO. 214 A-B, NEW INDUSTRIAL AREA, HOSHANGABAD ROAD

STREET ADDRESS, Line 2:

CITY: MANDIDEEP STATE/PROVINCE/TERRITORY: Madhya Pradesh

ZIP CODE (POSTAL CODE): 462046

COUNTRY/AREA: INDIA

PHONE NUMBER (Include Area/Country Code): 91 7480 299032

FAX NUMBER (OPTIONAL; Include Area/Country Code):

E-MAIL ADDRESS (Required unless FDA has granted a waiver under 21 CFR 1.245): EXPORT@RAAMMIL.COM

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 the Submitter: Shelly Garg

CHECK ONE BOX



A.OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)



B.INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION

ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line1: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line2: -N/A-

CITY: -N/A-

STATE/PROVINCE/TERRITORY: -N/A-

ZIP CODE (POSTAL CODE): -N/A-

COUNTRY/AREA: -N/A-

PHONE NUMBER (Include Area/Country Code): -N/A-

FAX NUMBER (Optional; Include Area/Country Code): -N/A-

E-MAIL ADDRESS (Required unless FDA has granted a waiver under 21 CFR 1.245): -N/A-