Order

1. Patients with certain life threatening disease conditions are sometimes prescribed by their doctor special food formulations that are not manufactured in India, but are required to be imported. It has come to the notice of the FSSAI that patients find it difficult to procure these foods in the absence of knowledge of regulations and procedures that would enable them to import such special food formulations.

2. To facilitate such patients and their relatives, it is hereby clarified that, the person bringing such articles of food for his personal use via courier or any mode of transport are required to submit the signed declaration in FORM-7 as annexed to Authorised officer of FSSAI/Customs either personally or through email. This requirement would be sufficient to import of special food formulations for personal use.

This issues with the approval of the Competent Authority.

S. K. Yadav
Director (Imports)

Enclosure: As above

1. Director (Customs), Room No. 159A, Ministry of Finance, Department of Revenue, North Block, New Delhi-110001:- with a request to circulate to all officials of Customs Department working as Authorised Officers.
2. All Authorised Officers, FSSAI:- with the direction to make it known to all concerned.
3. CITO, FSSAI for uploading this order on the FSSAI Website.
FORM- 7

[See Regulation 7 (1)]

(For imported food consignment meant for Personal Use)

**Declaration and undertaking by Importer**

I/ We, ____________________________, resident(s) of ______________ do hereby declare and undertake that:

1. I/We have imported ___<Name of food>___ from ___<country of origin of consignment>___ vide ___<Bill of Entry number>___ dated ________;

2. The above consignment of ___<Net weight or unit>___ will be solely used for personal consumption;

3. No part of the aforementioned consignment will be sold/ released into the domestic market in any manner;

4. I am holding Passport Number _______ issued from ___<name of the country>___ which is valid up to ________. (*Applicable in case of Foreigners/ NRIs only).

5. I shall be responsible and liable for any contravention of the FSSA Act, 2006 and Rules & Regulations made there under.

I affirm that all information given above is true and correct to the best of my/our knowledge and belief.

<table>
<thead>
<tr>
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<th>Signatures of the Importer with Stamp/ Seal</th>
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<tbody>
<tr>
<td>Name:</td>
<td></td>
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<tr>
<td>Address:</td>
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<tr>
<td>Contact Nos:</td>
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Place: __________
Date: __________