



Date:12/27/2025 7:51:46

Created Date

2023-02-17 15:17:38.0

Registration Expiration Date

2026-12-31

Last Updated

2025-12-27

Registration Status

VALID

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: **15050532938** Pin No **25Bx2224**

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

NEW INDIAN DEHYDRATES

Facility Name Suffix

Limited

Facility Street Address, Line 1

Survey No 213 P 4, 0, Bhanvad Road, Mota Jadara

Facility Street Address, Line 2

Mahuva

City

Bhavnagar

State/Province/Territory

Gujarat

Zip Code (Postal Code)

364290

Telephone Number

091 99 74700991

Fax Number

E-Mail Address

newindiandehydrates@gmail.com

Unique Facility Identifier (UFI)



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

NEW INDIAN DEHYDRATES

Telephone Number

091 99 74700991

Address, Line 1

Fax Number

Survey No 213 P 4, 0, Bhanvad Road, Mota Jadara

Address, Line 2

E-Mail Address

Mahuva

newindiandehydrates@gmail.com

City

Bhavnagar

State/Province/Territory

Gujarat

Zip Code (Postal Code)

364290

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

NEW INDIAN DEHYDRATES

Telephone Number

091 99 74700991

Company Name Suffix

Fax Number

Limited

Address, Line 1

E-Mail Address

Survey No 213 P 4, 0, Bhanvad Road, Mota Jadara

newindiandehydrates@gmail.com

Address, Line 2

Mahuva

City

Bhavnagar

State/Province/Territory

Gujarat

Zip Code (Postal Code)

364290



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

001 855 3897344

Individual's Name (Optional)

E-Mail Address

ITB HOLDINGS LLC

fda@itbhdg.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

ITB HOLDINGS LLC

855 3897344 1

Address, Line 1

Emergency Contact Phone

390 N Orange Ave, Ste 2300

855 3897344

Address, Line 2

Fax Number

855 5102240

City

E-Mail Address

Orlando

fda@itbhdg.com

State/Province/Territory

Florida

Zip Code (Postal Code)

32801

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)
30. SPICES, FLAVORS, AND SALTS ^{(21 CFR 170.3 (n) (26))}	☒	☐	☐	☐	☐	☐	☐	☐	☒	☐	☐	☐	☐
33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES ^{(21 CFR 170.3 (n) (19), (36))}													
c. Other Vegetable and Vegetable Products	☒	☐	☐	☐	☐	☐	☐	☐	☒	☐	☐	☐	☐

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: Ankit Senta

Address, Line 1

Survey No 213 P 4, 0, Bhanvad Road, Mota Jadara

Address, Line 2

Mahuva

Telephone Number

091 99 74700991

Fax Number



City

Bhavnagar

E-Mail Address

newindiandehydrates@gmail.com

State/Province/Territory

Gujarat

Zip Code (Postal Code)

364290

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: Ankit Senta

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-