

**Indian Council for Cultural Relations**

**Azad Bhavan, I.P. Estate, New Delhi-110002**

**Application Form for “Annapurna Certificate”**

**Details of restaurant:**

(i) Name & address of the restaurnat (in Block letters):

(ii) Name, address and nationality of owner :

(iii) Date of establishment:

(iv) Educational/ Professional qualification of Chef :

(v) Maximum Capacity:

(vi) Type of Indian Cuisine (North, South, Punjabi etc.):

(vii) Footfalls per month:

(viii) Type of frequent customers (Indian/PIO/local/Other National):

(ix) Menu of Indian cuisine offered indicating ingredients for each items:

(x) Opening timings whether Online booking/home delivery services available:

This is to certify that the above statements given by me are true to the best of my knowledge and belief.

Date : (Signature of the owner)

Place :

(Full Name of the owner)

Office Seal

**Declaration by Mission/Post**

With the above cited information, I, the undersigned like to recommend the name of ………………………………. for consideration for the ICCR Annapurna Certificate – 2024.

Date: Signature:

Place: Full Name:

Designation: