APPLICATION FORM INPUT APPROVAL

(Chapter 3 Appendix 1 Annexure 1-3; ***NPOP***)

1.0 General Information:

Name of the Organization:	Address of the organization (with City, Taluka, District, State and PIN code details):
Address of the processing facility / units (with City, Taluka, District, State and PIN code details):	Contact person and telephone No. with email:
Unit License No. and validity (attach a copy):	CIB registration for bio pesticides applied for approval? (if so enclose copies):
Agriculture Department License for dealing in bio-pesticides? (if so enclose copies):	

2.0 Are you already certified by any CB? If Yes Give details.

3.0 Organizational Structure (Attach Separately):

4.0 Year of Establishment of Facility:

Storage capacity for Raw Material (Kg/ Ton)	Storage capacity for Finished Products (Kg/ Ton)	Working Space (in Sq. Mt.)

5.0 Products details: Ingredient Description and non-GM declaration (Please fill separate sheet)

6.0 Route Map of the unit (Please Attach)

7.0 Layout of Unit with surrounding information / activities:

8.0Machinery details:

Name of Machine/ Equipment	Purpose	Capacity (Per Day)	Material of Body	Cleaning Process	Cleaning Frequency

9.0 Water Source (Please submit test report if applicable):

10.0 Is there any waste generated? If yes how it is managed, please describe.

11.0 Risk Assessment:

Area of Activity	Yes/ No	Action Taken to Mitigate Risk	Frequency of Monitoring
Is there any risk pertaining to the existing Raw input collection?			
Is there any risk pertaining to the Past use of Machines/Equipment's?			
Is there any risk pertaining to the existing transportation system?			
Is there any risk pertaining to the existing insect/Pest management?			
Is there any risk pertaining to the existing Ingredients?			
Is there any risk pertaining to the existing Cleaning and Sanitation of input?			
Is there any risk pertaining to the existing Storage of input?			
Is there any risk pertaining to the existing Packaging material?			
Is there any risk pertaining to the existing process flow of the input?			

****Note: Please ensure all the required attachments are sent with the application**.

12.0 Affirmation:

- The operator affirms that the description of methods and the practical measures described in Organic management plan (OMP) have been completed truthfully.
- The operator affirms all statements made in this application and annexes are true and correct.
- The operator affirms that acceptance of this questionnaire in no way implies granting of certification by SNRMS.
- The operator affirms that he will notify SNRMS each year, before the date indicated by SNRMS, of its schedule of production of crop products, giving a specification by land parcel.
- The operator affirms that he will notify SNRMS annually, if any changes occur in the description of methods or of the practical measures described in this form (OMP) in due time by sending an updated Organic management plan. Together with the Organic management plan, the operator will send;
- A summary statement, supported by documentation, with all changes made to the previous year's Organic management plan during the previous year.
- Any additions or deletions to the previous year's Organic management plan, intended to be undertaken in the coming year.
- An update on the correction of minor non-compliances previously identified by the certifying agent as requiring correction for continued certification.
- Any other information as deemed necessary by the certifying agent to determine compliance with the regulations.
- The operator affirms that when he considers or suspects that a product which he has produced, prepared, imported or been delivered from another operator, is not in compliance with this regulation, he shall initiate procedures either to withdraw from this product any reference to the organic production method or to separate and identify the product. He will only put it into processing or packaging or on the market after elimination of that doubt, unless it is placed on the market without indication referring to the organic production method. In case of such doubt, the operator shall immediately inform SNRMS.
- The operator will grant SNRMS complete and unlimited access to the production or handling aspects of the operation including non-certified production areas, structures, or offices for the purpose of on-site inspections.
- The operator will allow authorized representatives of SNRMS access to these records under normal business hours for review and copying to determine compliance with the act and regulations.

Date:	Signature Operator/Representative/ Authorized Signatory:

Only to be filled during Audit:

Date of Inspection:	Signature of Auditor:	Signature Operator/ Representative/ Authorized Signatory: