

APPLICATION FORM FOR ORGANIC CERTIFICATION ((WILD COLLECTION: HONEY))
(As per 8th Edition of NPOP: Chapter 3, 3.1.13)

1. Detailed information regarding Applicant:

1.1	Name of Operator/Firm/Service Provider:	
1.2	Name of authorized person:	
1.3	Address with Geo Coordinates:	
	Village/Town: Taluka : District: State: Postal Code:	Email: Telephone No:
1.4	Legal status of company	☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Non-profit organization ☐ Others (Please specify)
1.5	Languages known: ☐ English ☐ Hindi ☐ Others (Please specify) Remarks if any:	

2. Production System:

2.1.	Name of authorized collection zones:	
2.2	Number of collection zones:	
2.3	Total Area of the collection zone (Ha./Sq Km)	
2.4	No. of collectors:	
2.5	No. of local wholesalers:	
2.6	Mention the Products permitted for collection with quantity and area from where permitted.	
2.7	Distance from collection area to address given under (1.3) (Km):	
2.8	Forest Permit Number/Authority Letter No. (Please Attach)	
2.9	Does processing is also done along with wild collection.If yes, specify the details	
2.10	Are all the documents related to your wild collection available on the site described above? Yes/No	

3. Standards for which certification is requested

☐ NPOP

4. Do you have a copy of current organic standards?

Yes ☐

No ☐

5. Have the above-mentioned units/products ever been inspected and/or certified

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Appl Form/WCH/npop/rev1/001D	01	28-06-2025	Quality Manager	Management Committee

Shivalik Natural Resources Management Society (SNRMS), Dehradun, Uttarakhand.

before? If so, enclose all information regarding the inspections and/or certifications, including reports of findings. What was the reason for termination of the contract with regard to the inspection and/or certification mentioned above?

6. Have you ever been certified by any certification body?

6.1	Name of CB:	
6.2	Certification Standards (National or international)	
6.3	Date of last inspection	
6.4	Any Major non conformities from the last inspection, please explain	
6.5	Any Sanctions imposed, please explain	
6.6	Current Status (Certified/Suspended/Withdrawn/discontinued)	
6.7	If coming through NOC, reason to change	
6.8	NOC Approval Number (Attach NOC approval letter):	
6.9	Expiry Date of current certificate (Attach Certificate):	

7. Has your organization or Project been declined or refused for certification?

☐ Yes ☐ No if yes, please give details

Declaration

The above given Information on this form along with supporting documents is true and correct to the best of my knowledge:

Supporting Documents

1. Registration Documents
2. Permission Letter from concerned authority
3. PAN (Photocopy)
4. Authorized map to the collection area
5. Organic system plan
6. Agreement with local operator
7. List of collectors

Name & Signature of the person completing the form/ Authorized Signatory

Place:

Date:

- A. The information contained in this form shall be treated as confidential between the applicant and SNRMS and you will be sent an Organic management Plan (OMP) based on your area of operation which has to be completely filled and returned to SNRMS for further certification Process.
- B. Fee Structure is also attached with this form for ready reference.
- C. Offer Quotation shall be raised on the basis of the filled application form.

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**** Note: The other Public Information material may be distributed to the public as per the requirements:**

1. Inspection & Certification procedure
2. Brochure (to public as and when required)
3. List of Certified Producer/handler (on written request)
4. Registration letter (to operators)
5. Fee structure (on written request)
6. Standards (photocopies on cost)
7. Training material (on cost)
8. Annual report (on request)

Only to be filled by CB Official

Date of receipt of application:

Review date of application:

Status Accepted/Not accepted:

S.No.	Particulars	Remarks
1	The Certification requirements have been defined clearly : Yes /No	
2	Any differences between applicant and CB certification procedure have been cleared : Yes/No	
3	CB is able to perform the certification service (Incl. aspects like domicile, language and any other specific requirements) and application is accepted: Yes/No	
4	If application is not accepted, state the reasons there of :	
5	Comments if any	

Authorized Signatory

Place:

Date:

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