

APPLICATION FORM INPUT APPROVAL
As per 8th Edition of NPOP: Chapter 3, Annex-3 (3)

1.0 General Information:

1.1	Name of the organization/company	
1.2	Type of company/business	
1.3	Address of the organization (with City, Taluka, District, State and PIN code details)	
1.4	Brief description of the company: Legal documents/status/Unit License No. and validity (attach a copy)	
1.5	Address of the processing facility / units (with City, Taluka, District, State and PIN code details)	
1.6	No. of Production units for manufacturing (attach separate sheet with details of unit name, unit license number, license validity, capacity, estimated production):	
1.7	Name of authorized person: Designation: Telephone No. and email:	
1.8	Annual Turnover of the company (INR)	
1.9	Working Space (in sq. mt.)	
1.10	For any sub-contracted activities mention the details	
1.11	CIB registration for bio pesticides applied for approval? (if so, enclose copies):	
1.12	Agriculture Department License for dealing in bio-pesticides? (if so, enclose copies):	
1.13	Are you already registered/certified by another certification body? Yes/No?	
	If yes: - Name of CB:	
	- Certification Standards (National or international)	
	- Date of last inspection	
	- Any Major non conformities from the last inspection, please explain	
	- Any Sanctions imposed, please explain	

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OMP/AI/npop/rev2/011	02	28-06-2025	Quality Manager	Management Committee

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

	-Current Status (Certified/Suspended/Withdrawn/discontinued)	
	-If coming through NOC, reason to change	

2.0 Products requested for certification (Approval):

S.No	Name of finished product	Form of Product (Liquid/granule/powder)	Main Category of the product (Manure/ Bio-fertilizer/ Bio-Pesticide/ Herbal Preparation/ Traps/Others)	Estimated Production (MT/Year)	Shelf life of product

3.0 Registration status of the above product with Govt. regulation [previous history (if already certified, attach copy of certificate)]:

S.No.	Product Name	Active Ingredient	Registration Number

4.0 Product reconciliation for last year:

S. No.	Name of Product	Form of Product (Liquid/granule/powder)	Actual Production (MT)	Sale (MT)	Balance Quantity in stock (MT)

5.0 Storage

Name of Product	Storage capacity for Raw Material (MT)	Storage capacity for Finished products (MT)	Type of storage (Bags/Drums /Others)	Storage material (PP/HDPE/Plastic/Others)	Method of cleaning of storage	Responsible person Name for warehousing

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6.0 Products details: Ingredient Description and non-GMO declaration (Please fill separate sheet)

7.0 Machinery details:

Name of Machine/ Equipment	Purpose	Capacity (Per Day)	Material of Body	Cleaning Process (Product used for cleaning)	Cleaning frequency

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

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

10.0 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 use of Machines/Equipment's?			
Is there any risk pertaining to the existing process flow of the input?			
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 transportation system?			

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

11.0 Record keeping by registered operator:

Indicate which type of records you maintain:	
Organic record	Description
Yes/No	Legal Documents of the firm
Yes/No	Organizational structure
Yes/No	Route Map of the unit from SNRMS office
Yes/No	Layout of Unit with surrounding information / activities:
Yes/No	Water Test report (If applicable)
Yes/No	Process Flow Chart (For each product)

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Yes/No	Sale and purchase records
Yes/No	Stock records
Yes/No	Complete list of ingredients
Yes/No	Govt. Registration documents
Yes/No	Test Reports (Chemical/Physical analysis)
Yes/No	Sample of packing materials
Yes/No	Trail reports conducted for the product requested for approval
Yes/No	Others
Describe the process flow to trace back single lot:	

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: Place:	Name and Signature Operator/Representative/Authorized Signatory with seal
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Only to be filled during Audit:

Date:	Name of Auditor:	Signature Operator/ Representative/ Authorized Signatory:
Place:	Signature of Auditor:	
If a change in the Application form identified by the inspector, please mention:		

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