

APPLICATION FORM FOR ORGANIC CERTIFICATION
(Crop Production and Handling: GROWER GROUP)
(As per 8th Edition of NPOP: Chapter 3, 3.1, Annex-3(1), 3(2) and 3(3), Chapter 5)

1. Detailed information regarding Applicant:

1.	Name of Firm/Grower Group:	
2.	Address with Geo coordinates:	
	Village: Taluka : District: State: Postal Code:	Email: Telephone No (ICS Manager):
3.	GPS Location of ICS office (Distance from the villages covered)	Longitude : Latitude:
4.	Legal Status of the Grower group	☐ Registered Society ☐ Cooperative (including PACS/ FPO) FPO/FPC under Companies Act
5.	Name of authorized person (ICS Manager)	
6.	ICS Managed by: ☐ Self ☐ Service Provider If service Provider, then Please fill the following:	
6.1	Provide a copy of Contract agreement	
6.2	Address of Service Provider Village/town : District: State: Postal Code:	Email: Telephone No:
7.	Languages known: ☐ English ☐ Hindi ☐ Others (Please specify) Remarks if any:	

2. Production System:

1.	Total area of Cultivation (Ha):	
2.	Total area offered for organic certification (Ha):	
3.	Number of farmer in grower group: (attach list of farmer with land details as separate sheet)	
4.	Total number of farmers having less than 4 ha area:	
5.	Total number of farmers having equal or more than 4ha area:	
6.	Villages covered:	
7.	Distance between the villages:	

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8.	Location of farms: Village, District with Distance	
9.	GPS location of farms: Longitude & Latitude:	

3. Standards for which certification is requested

- ☐ NPOP (which are considered equivalent to Council Regulation (EC) No. 834/2007 (Category A & F) and Swiss Organic Farming Ordinance for unprocessed plant products originating in India)

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

Yes ☐

No ☐

5. Have the above-mentioned farms/farmers ever been inspected and/or certified 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?

1.	Name of CB:	
2.	Certification Standards (National or international)	
3.	Date of last inspection	
4.	Any Major non conformities from the last inspection, please explain	
5.	Any Sanctions imposed, please explain	
6.	Current Status (Certified/Suspended/Withdrawn/discontinued)	
7.	If coming through NOC, reason to change	
8.	NOC Approval Number (Attach NOC approval letter):	
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. Legal / Registration Documents
2. Proof of office location
3. Overview map

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

4. Route map
5. PAN and identity documents
6. Organic system plan
7. Authorized signatory
8. AFL with details

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.**

**** 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 :	

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5	Comments if any	
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Authorized Signatory

Place:

Date:



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