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

1.	Detail	ed in	formation	regarding	g Apj	plicant:
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peta.	nea information regarding Applican	IT:
1.1	Name of Operator/Firm/Service	
	Provider:	the same of the sa
1.2	Name of authorized person:	
1.3	Address with Geo Coordinates:	
	Village/Town:	Email:
	Taluka:	
	District:	Telephone No:
	State:	
	Postal Code:	
1.4	Legal status of company	☐ Sole Proprietorship
		☐ Partnership
		☐ Limited Liability Company
		☐ Corporation
		☐ Non-profit organization
		Others (Please specify)
1.5	Languages known: ☐ English ☐ H	indi □ Others (Please specify)
	Remarks if any:	india in a control (Fredse speenly)
	Remarks if any.	
Prod	uction 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 f	or
	collection with quantity and area from	om
	where permitted.	
2.7	Distance from collection area to address	S
	given under (1.3) (Km):	
2.8	Forest Permit Number/Authority Letter	3.30
	No. (Please Attach)	
2.9	Does processing is also done along with	
	wild collection.If yes, specify the details	
2.10		
	collection available on the site describ	ea
1	above? Yes/No	

## 3. Standards for which certification is requested

2.

□ 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)

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4. Do <u>y</u>	you have a copy of current organic standards Yes□ No□	?
before includ	ve the above-mentioned units/products eve? If so, enclose all information regarding thing reports of findings. What was the reasond to the inspection and/or certification menti	the inspections and/or certifications, in for termination of the contract with
	ve 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6.6	Current Status (Certified/Suspended/Withdrawn/discontinued)	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):	
<b>Decla</b> : The ab		ase give details
Suppo	orting Documents	
3. 4. 5. 6.	Agreement with local operator	
Name	& Signature of the person completing the for Place: Date:	m/ Authorized Signatory

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)

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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	- W
2	Any differences between applicant and CB	W.
	certification procedure have been cleared: Yes/No	
_	CB is able to perform the certification service (Incl.	
3	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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