Please fill the form completely and return to the CERT ID INDIA PRIVATE LIMITED office address given on the last page of this document.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Details | | | | | | | | | |
| Operator Name |  | | | | | | | | |
| Operator PAN No / GST No  (attached a scan copy) |  | | | | | | | | |
| Type of organization | Proprietor  Partnership  Limited  Cooperative  Other: | | | | | | | | |
| Contact Name |  | | | | | | | | |
| Contact Position |  | | | | | | | | |
| Office/Legal Address |  | | | | | | | | |
| Country |  | | | | Post code: | |  | | |
| Physical (Farm office) Address, if different |  | | | | | | | | |
| Telephone |  | Fax: |  | | | | | Mobile |  |
| Email |  | | | Website: | |  | | | |
| Aadhar No. |  | | | | | | | | |

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| Certification Information | | | | | | | | | | | | | |
| New / Initial | | | Changes in Certification | | | | | | Withdrawal | | | | |
| Standard | NPOP (India)  Other (Specify): ………………………… | | | | | | | | | | | | |
| How long your farm under organic management | Beginning  Since Last One Year  More Than One Year | | | | | | | | | | | | |
| Individual farming unit details | | | | | | | | | | | | | |
| Name and address of the farm | |  | | | | | | | | | | | |
| Total Area (Ha) | |  | | | | | | | | | | | |
| Area (Ha) under Certification | |  | | | | | | | | | | | |
| Survey No. | |  | | | | | | | | | | | |
| GPS co-ordinates | |  | | | | | | | | | | | |
| Details of Inputs used | | Seeds/Seedlings | | | | Nutrient Management | | | | | Pest/Disease management | | |
|  | | | |  | | | | |  | | |
| Crops Grown  (Please provide the ID-ORG-FF-21 Field Specification and Yield Estimate) | | Kharif | | | Rabi | | | Zaid | | | | Perennial | |
| Main | | Intercrop | Main | | Intercrop | Main | | Intercrop | | Main | Intercrop |
|  | |  |  | |  |  | |  | |  |  |
| Are you doing any processing | | If Yes please share the details: | | | | | | | | | | | |
| Crop history (Last two seasons): | |  | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Previous Certification Information (If any) | | | |
| Is your organization currently certified? | Yes | No | If yes, to what Standard(s):  Current certification body:  Tracenet Registration number: |
| Reason for changing certification body: |  | | |
| Has your organization ever been declined or refused certification? | Yes | No | If yes, please give details: |

(Note: Attach NOC Letter (copy of NOC from TraceNet), Scope Certificate from previous CB, Last report received from the previous certified CB)

Please complete the Application Package as mentioned below:

1. ID-ORG-FF-20A Organic System Plan-Crop Production\_Individual
2. ID-ORG-FF-21 Field Specification and Yield Estimate
3. ID-ORG-FF-54 Field History
4. ID-ORG-FF-56 ICS Risk Assessment
5. ID-ORG-FF-23 Off Farm Input Approval Form
6. ID-ORG-FF-22 NON-GMO Declaration Form

|  |
| --- |
| Confirmation: |
| This is to confirm that the information that are filled in the questionnaire is complete and accurate to the best of my knowledge. The applicant agrees to comply with the requirements for certification and to supply any information needed for evaluation of products to be certified.  Name & Signature of Legal representative  Date: |

Please attach following documents:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Kindly Submit the Following Documents along with Application** | **Y/N/NA** | **Remarks By Reviewer**  **(To be filled by CERT ID)** |
| 1. | PAN card, Aadhar Card, Land ownership document/7-12 |  |  |
| 2. | Organic System Plan (OSP) |  |  |
| 3. | Field History |  |  |
| 4. | Field Specification & Yield Estimate |  |  |
| 5. | GMO Free Declaration (applicable for crops like Cotton, Soybean, Maize, Brinjal etc.) |  |  |
| 6. | Field Map (showing location of the farm, field boundaries, landmarks, buffer zones, crops grown) |  |  |
| 7. | NOC related documents, If Applicable (NOC, Valid certificate, Previous report etc) |  |  |

To be completed by CB:

Risk Assessment by Technical Reviewer:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Risk Criteria** | **Risk Assessment** | | |
| **High** | **Medium** | **Low** |
| 1 | Size of Holding  Less than 50 Ha : Low Risk  50 to 150 Ha : Medium Risk  Above 150 ha : High Risk |  |  |  |
| 2 | Industry, Motorways, Waste water, etc. |  |  |  |
| 3 | Non availability of certified organic seed and planting stock |  |  |  |
| 4 | Own or rented farm equipment |  |  |  |
| 5 | Use of inputs (on farm/off farm/unauthorized or unapproved etc) |  |  |  |
| 6 | Contaminated irrigation water |  |  |  |
| 7 | Neighbouring non organic lands/fields |  |  |  |
| 8 | Non organic activities of same farm (if yes, mark high) |  |  |  |
| 9 | Use of GMO crop (if yes, mark high) |  |  |  |
| 10 | Crop difficult to grow organically |  |  |  |
| 11 | Shifting of farmers from organic to conventional and vice versa |  |  |  |
| 12 | Parallel or Split production (if yes, mark high) |  |  |  |
| 13 | Presence of similar non-marked material |  |  |  |
| 14 | Packing material |  |  |  |
| 15 | Own or rented transportation mean. |  |  |  |
| 16 | Price difference between organic and non-organic is high |  |  |  |
| 17 | Yield estimation and buying procedures |  |  |  |
| 18 | Previous Observations/ Non-conformities if any |  |  |  |
|  | Total Risk |  |  |  |
|  | Total Sum of Risk Score |  | | |

\* Ranking to be given for Risk Category: High-3; Medium-2; Low-1.

If there is no risk then consider it as a 'LOW' risk. If the total risk factor is 20 or less - Low risk project;

21 to 25 - Medium risk project; and more than 25 - High risk project

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| To be completed by CB: | | | | | |
| Assessment of application | | | | | |
| Certification Application Form Review No / Project Number.: ID-ORG-IND- | | | | | |
| Application received date: | | | | | |
| Is the information in application form sufficient to make an offer (e.g. filled in completely, signature present and signed by the company requesting certification)? | | YES | NO | Remarks: | |
| Is it possible for CERT ID to inspect and certify the project (e.g. sufficient inspection and expert inspector capacity, product within scope)? | | YES | NO | Remarks: | |
| Approval: | Yes: | | | | No: |
| Name & Signature Technical reviewer: | | | | | |
| Date: | | | | | |

Send original copy of application form to below address:

To ,

CERT ID INDIA PRIVATE LIMITED (hereinafter referred as CERT ID)

801, Chandak Chambers, Near Western Express Highway Metro Station,

Chakala, Andheri-East, Mumbai 400 069, INDIA.