|  |  |  |
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| Off Farm Input Approval Form | | |
| **Name of the organization** | **:** |  |
| **Address** | **:** |  |
| **Phone/Email** | **:** |  |

|  |  |  |
| --- | --- | --- |
| **Input to be Approved** | |  |
| **Input (Ingredient details, Type, Name)** | **Source (Supplier Details)** | **Quantity** |
|  |  |  |
|  |  |  |
|  |  |  |

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| --- | --- | --- | --- |
| **Locations** | | | |
| **Field**  **(Number, Name)** | **Crop** | **Input (Name, Type)** | **Application Rate (KG/Ha)** |
|  |  |  |  |
|  |  |  |  |
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|  |  |
| --- | --- |
| **Reason for use** | |
| Seed Treatment  Fertility / Soil amendment/ Crop Production Aid  Post-harvest handling and storage input | Pest/Weed/Disease management  Trap  Others, specify |

|  |
| --- |
| **Additional justification for use:** |
| *(Attach evidences like recommendation letter, Soil analysis reports etc.)* |

**Confirmation:**

The undersigned herewith confirm to the best of his knowledge that the above given information is true

Name, Signature & Date

|  |
| --- |
| **Recommendation of the Inspector** |
|  |

|  |  |
| --- | --- |
| **Decision by CERT ID** | |
| Request received on: (dd/mm/yyyy) | |
| **NPOP** | Approved |
|  | Not Approved/ Prohibited |
|  | Approved with Restriction |
|  | Request forwarded to competent authority |
| **Remarks of Assessor** | |
|  | |
| **Name, Signature & Date:** | |