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 | | | | | | | | | |
| Organization/ Operator Name |  | | | | | | | | |
| Organization 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: | |  | | |
| Postal Address, if different |  | | | | | | | | |
| Telephone |  | Fax: |  | | | | | Mobile |  |
| Email |  | | | Website: | |  | | | |

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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 | | | | | | |
| Wild collection unit information | | | | | | | |
| Name and address of the unit | | |  | | | | |
| Total Collection Area (Ha) | | |  | | | | |
| No. of collectors | | |  | | | | |
| Wild products | | |  | | | | |
| Are you doing any processing | | | If Yes please share the details: | | | | |
| Authorized Body for Applied Forest Area: (Check All That Apply)  Forest Department (Attach Forest Permission Letter)  Community Forest Act (Attach Permission Letter of Concerned Authority) | | | | | | | |
| Forest Circle | |  | | | | Compartment Number: | |
| Forest Division: | |  | | | | Latitude: | |
| Forest Sub Division: | |  | | | | Longitude: | |
| Forest Range: | |  | | | Collection Permission Date:  From:  To: | | |
| Forest Sub Range: | |  | | |
| Forest Beat: | |  | | |
| (Please Submit Forest Permission Letter. If Community Rights Are Recognized Under Forest Act 2006, Then Submit Gram Sabha Permission Letter) | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 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-20C Organic System Plan-Wild Harvest
2. ID-ORG-FF-21 Field Specification and Yield Estimate

|  |
| --- |
| 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)** |
|  | Legal Docs  (Company Registration/Trade License/FSSAI License etc) |  |  |
|  | Organic System Plan (OSP) |  |  |
|  | Overview Map |  |  |
|  | Collector List |  |  |
|  | Forest Permission Letter |  |  |
|  | List of Products to be collected |  |  |
|  | Copy of Pan Card, Mandator Aadhar Card |  |  |
|  | 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 | Prior approval or permission taken from State Government or Forest Rights Act 2006 |  |  |  |
| 2 | Detailed map of collection area and showing the location of sites, boundaries, adjoining land use, production unit, cropping area, etc |  |  |  |
| 3 | Training of collectors |  |  |  |
| 4 | Sound knowledge of collection area |  |  |  |
| 5 | Collection of any threatened or endanger species or wild varieties. (If yes, mark High) |  |  |  |
| 6 | Harvested product exceeds the sustainable yield of the ecosystem or threaten the existence of plant or animal species |  |  |  |
| 7 | Collection area having appropriate distance from conventional farming, and free from pollution and contamination. |  |  |  |
| 8 | Area to be harvested has not been cultivated or treated with prohibited inputs for a minimum of three years |  |  |  |
| 9 | Storage location |  |  |  |
| 10 | Separation from non-organic products (If no, Mark High) |  |  |  |
| 11 | Packing material |  |  |  |
| 12 | Transportation |  |  |  |
| 13 | Recordkeeping |  |  |  |
| 14 | 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, consider it as a 'low' risk. If the total risk factor is 16 - low risk project;

17 to 20 - medium risk project; and more than 20 - high risk project

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| To be completed by CB: | | | | | |
| Assessment of application | | | | | |
| Certification Application Form Review No/Project Number.: ID-ORG-WIC- | | | | | |
| 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 hard 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.