|  |  |  |
| --- | --- | --- |
| **1** | **Name of The Client** |  Tracenet  **ID- (if available)** |
| **2** | **Legal Status**  | [ ] Proprietorship | [ ]  Partnership | [ ] Limited Liability Company (LLP) | [ ]  Corporation | [ ]  Non-profit organization |
| [ ]  Pvt Ltd  | [ ]  Society | [ ]  FPO | [ ]  Other (s) |  |
| **3** | **Organization Registered Address** | **State:** **District:** **Country:** **Pin code:**  |
| **4** | **Organization Corresponding Address** | **State:** **District:** **Country:** **Pin code:** |
| **5** | **ICS Name** |  |
| **6** | **ICS Address** | **State:** **District:** **Country:** **Pin code:** |
| **7** | **Legal Status Of ICS** |  |
| **8** | **GST Number**  |  |
| **9** | **Pan Card** |  |
| **10** | **Legal Person Name:**  **Email ID –** **Contact Number:** |
| **11** | **Aadhar Number of Legal / Contact Person:**  |
| **12** | **Responsible Person Name**: **Email ID:****Contact Number:** |
| **13** | **Project Location (How far from the nearest railway station and Bus station**  |  |
| **14** | **Warehouse / storage at ICS level with its capacity and address (if any)** | **Name:** Click or tap here to enter text.**Address:** Click or tap here to enter text.**Capacity** Click or tap here to enter text. |
| **15. Certification required under standards:** ❑NPOP ❑ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **16. Certification History:****16.1**. This is your first application for organic certification: ❑ YES ❑ NO If No, please provide the following details.* Name of Previous Certification Body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* You have ever denied for certification earlier: ❑YES ❑ No ❑ Not Applicable.

 If yes give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **17. List of the crops to be certified:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.NO** | **Crop/ Plant Name** | **Crop Area (ha)** | **Yield Estimation (MT/Kg)** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |
| **11** |  |  |  |
| **12** |  |  |  |

If insufficient use separate sheet. |

|  |
| --- |
| **18. Details of the ICS** |
| **Name of the ICS**  | **Total number of farmers** | **Total landholding (Ha)** | **Total area under organic (Ha)** | **Total area under in- conversion (Ha)** | **Area of farmer containing above 4 Ha (Total area of such farmer shall not exceed 50% of the total area of ICS)** |
|  |  |  |  |  |  |
| **18.1 Is list of farmers attached with the application form?** **❑ Yes ❑ No****Is list of farmers having land 4 or more than 4 hectors are separately attached with application?****❑ Yes ❑ No** ❑ **Not applicable.**  |
| **19. Please tick the farming activities/ practices carried out within the project:**❑ Crop Rotation ❑ Intercropping ❑ Buffer zones.❑ Maintain Hedges ❑ Maintain bunds ❑ None |
| **20. What are the measures taken for soil fertility management?**❑ Composting ❑Manuring❑Green manuring ❑Prevention of soil erosion ❑ synthetic chemical fertilizers ❑ None ❑ Other …………………………….. |
| **21. What are the measures taken for pest control?**❑ On farm preparations ❑ Botanical preparations ❑Synthetic pesticides ❑ None ❑ Other ………………………………………………………… |
| **22. What kind of seed or planting material is being used within the group?**❑ GMO seed ❑ Non- GMO seed ❑ GMO, treated ❑ Non-GMO, treated❑ Non-GMO, non-treated. |
| **23 Storage Facilities:** **Do the operator has storage facilities:** ❑ **YES ❑ NO** If yes, please fill the information required in the table given below: |
| **Name and address of the storage place** | **Are both organic and conventional products stored in the same storage?** | **Are appropriate separation measures taken to avoid mixing or comingling of organic product with conventional, mention in brief.** | **Is pest control done in the storage place?** | **Frequency and product used for pest control** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **24. Cleaning measures- Storages:** |
| **Name of the Storage Place** | **Are effective cleaning measures are employed to avoid contamination of the organic product?** | **Mode of cleaning** | **Products used for cleaning.** | **Frequency of cleaning.** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **25. Handling and transportation:** |
| **25.1Are appropriate measures taken during handling the organic raw material or finished product?**❑YES ❑ No  |
| **25.2 During harvesting operations are adequate measures taken to avoid mixing or contamination of organic goods with conventional?**❑YES ❑ No  |
| **26. Give details of packaging material used?** |
| **27. Are the label or label drafts are approved by Imperial Bio Solutions Pvt. Ltd. (IBSPL)?**❑ YES ❑ NO**\*If not, please submit the label or label draft to IBSPL for approval.** |
| **28. Is organic raw material or finished product transported in a separate and dedicated vehicle?**❑YES ❑ No  |
| **29. Are the vehicles cleaned prior to loading of organic material?**❑YES ❑ No  |
| **30. Can the lots be identified during transportation?** ❑YES ❑ No **What is the identification means?** |
| **31. Do every lot is accompanied with transportation document? (Bill, LR. Invoice, Label)**❑YES ❑ No  |
| **32. On farm Processing:****Do you farmers process any of the harvested products on your farm?**❑YES ❑ NOIf yes, please fill the information given in the table below. |
| **Name of the crop/ Product** | **Type of processing** | **Own operation or subcontract.** | **Frequency of operation** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **33.. Storage Facilities:** **Do you have the storage facilities:** ❑ YES ❑ NO If yes, please fill the information required in the table given below: |
| **Address of the storage place** | **Are both organic and conventional products stored in the same storage?** | **If yes, separation measures** |
|  |
| **34.. Cleaning measures- Storages:** |
| **Name of the Storage Place** | **Is regular cleaning carried out: Yes/ No** | **Mode of cleaning** | **Products used for cleaning.** | **Frequency of cleaning.** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **35. Handling and transportation:** |
| **35.1 Are appropriate measures taken during handling the organic raw material or finished product?**❑YES ❑ No  |
| **35.2 During harvesting operations are adequate measures taken to avoid mixing or contamination of organic goods with conventional?**❑YES ❑ No  |
| **35.3 Give details of packaging material used for harvested and if applicable processed product?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **35..4 Are the label or label drafts are approved by IBSPL?**❑ YES ❑ NO |
| **35.5 Is organic raw material or finished product transported in a separate and dedicated vehicle?**❑YES ❑ No  |
| **35.6 Are the vehicles cleaned prior to loading of organic material?**❑YES ❑ No  |
|  |

|  |
| --- |
| **34. Required Documents:**❑ Farmer List❑ Aadhaar Card❑ PAN Card❑ Organic Management Plan❑ Contract Copy, if it’s managed by Mandator❑ Passport size photo❑ Unit/Firm Registration document or Record of Rights, Tenancy and Crops (RTC)❑ Valid Mobile No. of the License and Responsible person❑ Valid Email Id |

|  |
| --- |
| 36. Declaration: I do hereby affirm that all information provided to Imperial Bio Solutions Pvt. Ltd. (IBSPL) is true and accurate. I affirm my commitment to meet the respective Organic Standards as indicated in section 1. If the organic production rules are violated, I agree to be sanctioned according to the IBSPL Scale of Sanctions. If major changes in the organic operations occur, I will inform IBSPL immediately. I agree not to release any products resulting from these changes until the certification body has notified me accordingly. I agree to keep a record of complaints about my organic activities, take appropriate action with respect to such complaints and document the action taken.Name of Client :Position In the Organisation: -------------------------------- Date and Place: Seal & Signature of Client |

|  |
| --- |
| **37. This part filled by IBSPL:**Review of the application and reviewer’s remarks1. The certification requirements have been defined clearly: Yes ❑ No ❑
2. Any differences between applicant and IBSPL about certification. procedure have been cleared: Yes ❑ No❑
3. IBSPL can perform the cert. service (incl. aspects like domi­cile, language, and any other specific requirements) and application is accepted: Yes ❑ No ❑
4. Date of receiving the application:

**Application review Remarks :****Name of the Documents Reviewer  …………………….** **Date and place : Signature and seal of reviewer** |