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| **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** | **Registered Address** | **State:** **District:**  **Country:** **Pin code:** | | | | |
| **4** | **Corresponding Address** | **State:** **District:**  **Country:** **Pin code:** | | | | |
| **5** | **GST Number (if Any)** |  | | | | |
| **6** | **Pan Card Number** |  | | | | |
| **7** | **Legal Person Name:**  **Email ID –**  **Contact Number:** | | | | | |
| **8** | **Aadhar Number of Legal / Contact Person:** | | | | | |
| **9** | **Responsible Person Name**: **Email ID:**  **Contact Number:** | | | | | |
| **10** | **Project Location (How far from the nearest railway station and Bus station** |  | | | | |
| **11. Certification required under standards:**  ❑NPOP ❑ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **12. Certification History:**  **12.1**. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **13. List of the crops to be certified:**   |  |  |  |  | | --- | --- | --- | --- | | **S.NO** | **Crop/ Plant Name** | **Crop Area (ha)** | **Yield Estimation (MT/ha)** | | **1** |  |  |  | | **2** |  |  |  | | **3** |  |  |  | | **4** |  |  |  | | **5** |  |  |  | | **6** |  |  |  | | **7** |  |  |  | | **8** |  |  |  | | **9** |  |  |  | | **10** |  |  |  | | **11** |  |  |  | | **12** |  |  |  |   If insufficient use separate sheet. | | | | | | |

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| **14. Details of the Farm** | | | | | | | | | | | | | | | | | | | | | |
| **Name of the Farm** | | | | **GPS Coordinates** | | | | **Total number of Plots** | | | | **Total landholding (Ha)** | | | | **Total area under organic (Ha)** | | | **Total area under in- conversion (Ha)** | | |
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| **15. Please tick the farming activities/ practices carried out within the project:**  ❑ Crop Rotation ❑ Intercropping ❑ Buffer zones.  ❑ Maintain Hedges ❑ Maintain bunds ❑ None | | | | | | | | | | | | | | | | | | | | | |
| **16. What are the measures taken for soil fertility management?**  ❑ Composting ❑Manuring❑Green manuring ❑Prevention of soil erosion ❑ synthetic chemical fertilizers ❑ None ❑ Other …………………………….. | | | | | | | | | | | | | | | | | | | | | |
| **17. What are the measures taken for pest control?**  ❑ On farm preparations ❑ Botanical preparations ❑Synthetic pesticides ❑ None ❑ Other ………………………………………………………… | | | | | | | | | | | | | | | | | | | | | |
| **18. 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. | | | | | | | | | | | | | | | | | | | | | |
| **19 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** | |
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| **20. 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.** | |
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| **21. Handling and transportation:** | | | | | | | | | | | | | | | | | | | | | |
| **22.1Are appropriate measures taken during handling the organic raw material or finished product?**  ❑YES ❑ No | | | | | | | | | | | | | | | | | | | | | |
| **22.2 During harvesting operations are adequate measures taken to avoid mixing or contamination of organic goods with conventional?**  ❑YES ❑ No | | | | | | | | | | | | | | | | | | | | | |
| **23. Give details of packaging material used?** | | | | | | | | | | | | | | | | | | | | | |
| **24 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.** | | | | | | | | | | | | | | | | | | | | | |
| **25. Is organic raw material or finished product transported in a separate and dedicated vehicle?**  ❑YES ❑ No | | | | | | | | | | | | | | | | | | | | | |
| **26. Are the vehicles cleaned prior to loading of organic material?**  ❑YES ❑ No | | | | | | | | | | | | | | | | | | | | | |
| **27. Can the lots be identified during transportation?**  ❑YES ❑ No  **What is the identification means?** | | | | | | | | | | | | | | | | | | | | | |
| **28. Do every lot is accompanied with transportation document? (Bill, LR. Invoice, Label)**  ❑YES ❑ No | | | | | | | | | | | | | | | | | | | | | |
| **29. On farm Processing:**  **Do you farm process any of the harvested products on your farm?**  ❑YES ❑ NO  If 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** | | | |
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| **30.. 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** | | | | | | |
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| **31.. 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.** |
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| **32. Handling and transportation:** |
| **32.1 Are appropriate measures taken during handling the organic raw material or finished product?**  ❑YES ❑ No |
| **32.2 During harvesting operations are adequate measures taken to avoid mixing or contamination of organic goods with conventional?**  ❑YES ❑ No |
| **32.3 Give details of packaging material used for harvested and if applicable processed product?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **32..4 Are the label or label drafts are approved by IBSPL?**  ❑ YES ❑ NO |
| **32.5 Is organic raw material or finished product transported in a separate and dedicated vehicle?**  ❑YES ❑ No |
| **32.6 Are the vehicles cleaned prior to loading of organic material?**  ❑YES ❑ No |
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| **33. Required Documents:**  ❑ ❑ Aadhaar Card  ❑ PAN Card  ❑ Organic Management Plan  ❑ ❑ 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 |

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| 34. 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 Person :  Position In the Organisation: --------------------------------  Date and Place: Seal & Signature of client |

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| **35 This part filled by IBSPL:**  Review of the application and reviewer’s remarks   1. 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 Reviewer  …………………….**  **Date and place : Signature and seal of reviewer** |