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| **1** | **Name of Organization** |  | **Client ID: -** |
| **2** | **Legal Status of the Organization** | ❑Sole proprietorship ❑ Partnership ❑ Limited Liability Company ❑ Corporation ❑ Non-profit organization ❑others Mention: | |
| **3** | **Organization Registered Address** | **State:** **District:**  **Country:** **Pin code:** | |
| **4** | **Organization Corresponding Address** | **State:** **District:**  **Country:** **Pin code:** | |
| **5** | **Onsite Address &**  **GPS Coordinates of collection area;** | **State:** **District:**  **Country:** **Pin code:**  **Latitude** Click or tap here to enter text. **Longitude:** Click or tap here to enter text. | |
| **6** | **GST Number** |  | |
| **7** | **Pan Card** |  | |
| **8** | **Legal Person Name:**  **Email ID –**  **Contact Number:** | | |
| **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **4. List of the crops to be certified:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Plant Name** | **Collected Plant Name in Latin** | **Part of plant collected (Dried -D, Fresh -F)** | **Estimated Collected Quality (MT) annually** | **Potential Collected Quantity (MT) Annually** | **Collection Period / Season** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   If insufficient use separate sheet. | | | |

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| **13. Details of Collection Area:** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Collection Area** | **Code of Area** | **Area (Ha)** | **Purchase Center** | **No of Collectors** | **Responsible Person** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |
| **14.What are the measures taken for soil fertility management?**  ❑ Composting ❑Manuring❑Green manuring❑ Biodynamic cultures ❑ synthetic chemical fertilizers ❑ None ❑ Other: Please specify below \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **15.What are the measures taken for pest control?**  ❑ On farm preparations ❑ Botanical preparations  ❑Synthetic pesticides ❑ None ❑ Other: Please specify below \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **16. What are the measures taken for weed control:**  ❑ Mechanical means ❑ Hand weeding ❑ Synthetic weedicide. ❑ Other: Please specify below \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **17. What techniques are used for clearing of land?**  ❑ Mechanical means ❑ Burning of crop residues. ❑ Other: Please specify below \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **18. Processing:**  **Do you process any of the wild collected produce?**  ❑YES ❑ NO  If yes, please fill the information given in the table below. | | | | | | | | | |
| **Name of the Plant / Product** | | **Type of processing** | | | **Own operation or subcontract.** | | | **Frequency of operation** | |
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| **19. 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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| **20. 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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| **21. Handling and transportation:** |
| **21.1 Are appropriate measures taken during handling the organic raw material or finished product?**  ❑YES ❑ No |
| **21.2 During harvesting operations are adequate measures taken to avoid mixing or contamination of organic goods with conventional?**  ❑YES ❑ No |
| **21.3 Give details of packaging material used for harvested and if applicable processed product?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **21.4 Are the label or label drafts are approved by IBSPL?**  ❑ YES ❑ NO |
| **21.5 Is organic raw material or finished product transported in a separate and dedicated vehicle?**  ❑YES ❑ No |
| **21.6 Are the vehicles cleaned prior to loading of organic material?**  ❑YES ❑ No |
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| **22. Required Documents:**   * Aadhaar Card * PAN Card * 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 * Forest Permit Letter for wild collection * Estimated and potential harvest produce list authorized by the Forest department. * Wild collection MAP authorized by the forest department. * List of Collectors. |
| 23. Declaration of operator: 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 |

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| **This part filled by Imperial Bio Solutions Pvt. Ltd. (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 is able to perform the cert. service (incl. aspects like domi­cile, language, and any other specific requirements) and application is accepted: Yes ❑ No ❑ 4. If No, please describe ……………………………………………………………………………………………. 5. Date of receiving the application.   **Application review Remarks :**  **Name of the Documents Reviewer :…………………………….**  **Date and place : Signature and seal of reviewer** |