|  |  |  |  |
| --- | --- | --- | --- |
| **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. |

|  |
| --- |
| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **18. Processing:****Do you process any of the wild collected produce?**❑YES ❑ NOIf 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **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** |
|  |
| **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.** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **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  |
|  |

|  |
| --- |
| **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 |

|  |
| --- |
| **This part filled by Imperial Bio Solutions Pvt. Ltd. (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 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** |