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| **1** | **Name of Company**  |  | **Tracenet ID (if available)** |
| **2** | **Legal Status of the Organization**  | ❑Sole proprietorship ❑ Partnership ❑ Limited Liability Company ❑ Corporation ❑ Non-profit organization ❑others Mention: |
| **3** | **Company Registered Address** | **State:** **District:** **Country:** **Pin code:**  |
| **4** | **Company Corresponding Address** | **State:** **District:** **Country:** **Pin code:** |
| **5** | **Factory Address with GPS coordinates** | **State:** **District:** **Country:** **Pin code:****Latitude:       Longitude:** |
| **6** | **GST Number**  |  |
| **7A** | **FSSAI Licensee Number** |  |
| **7B** | **Factory / Legal License** |  |
| **8** | **Pan Card** |  |
| **9** | **Legal Person Name:**  **Email ID –** **Contact Number:** |
| **10** | **Responsible Person Name**: **Email ID:****Contact Number:** |
| **11** | **Project Location (How far from the nearest railway station and Bus station**  |  |
| **12. Certification required under standards:** ❑NPOP ❑ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **13. Certification History:****13.1**. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **14. List of the product to be certified:**

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| --- | --- | --- | --- | --- | --- |
| **S. No.** | **Product Name** | **Status of Products (Single / multi-ingredient)** | **Processing Step** | **Estimation (MT)** | **Supplier name / Scope Certificate No.** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
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| 10 |  |  |  |  |  |

If insufficient use separate sheet. |

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| **15. Details of Processing Unit:****15.1 Is conventional activity carried out in the unit (Processing of conventional products/parallel production):** ❑ YES ❑ No **15.2 If YES then give the details how you maintain the integrity of organic products:** |
| **16- Unit Description**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit Name** | **Processing/ Handling/ Exportation**  | **Unit Address** | **FSSAI License**  | **Capacity of unit per day.** | **Additional Certification (ISO 22000, BRCGS etc.)** |
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**Remarks:**  |
| **17. Cleaning:** |
| **Mode of cleaning** | **Cleaning Agent Used** | **Frequency of cleaning** | **Remark**  |
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| **17. Provide details of the packing material:** |
| **17.1 Provide details of the Size of packing and type of packaging (Manual or automatic used?** |
| **18. Storage** |  |
| **Sr. No.** | **Address of storage unit** | **Type of storage. Own/ subcontracted** | **Capacity of storage (MT)** | **Is organic and conventional material stored in the same place?** | **If yes, type of separation measure** | **Frequency and type of cleaning measures** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **19. Pest Control Measures for Factory premises and Storage places:** |
| **Type of pest** | **Control Measure** | **Frequency of Operation** |
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| **20. Transportation.** |
| **20.1 Is organic raw material or finished product transported in a separate and dedicated vehicle?**❑YES ❑ No  |
| **20.2 Are the vehicles cleaned prior to loading of organic material?**❑YES ❑ No  |
| **20.3 Can the lots be identified during transportation?** ❑YES ❑ No **What is the identification means?** |
| **20.4. Define traceability and stock reconciliation System:** |
| **20.5. Do every lot is accompanied with transportation document? (Bill, LR, Invoice, Label)**❑YES ❑ No  |

**21. Product Ingredient Description**

|  |  |
| --- | --- |
| **Filled by Operator-** **Product Name:**  | **For Office use only** |
| **Sr. No.** | **Name of ingredients**  | **Percentage**  | **Source** | **Origin** | **Permitted as per standards. NPOP** |
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Use Separate sheet if it is not enough.

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| **Filled By Operator- Additive/ Processing Aid & Flavoring Agents** | **For Office use only** |
| **Sr. No.** | **Name of Additives/processing aid & flavoring agent**  | **%**  | **Function** | **Use as AD/PA/FA** | **Source** | **Origin** | **Permitted as per standards NPOP** |
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**NOTE –**

1. Specify synthetic or natural Origin:
2. For Microbial product indicate specific strain.
3. Use separate sheet for each product.
4. Specify function i.e., preservative, emulsifier, thickener etc.
5. Key: AD- Additives, PA- Processing Aid, FA- Flavoring agent

**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
* FSSAI Licence, Factory/ Legal licence
* Process Flow Chart
* Product Flow Chat
* Product details
* Factory Map
* Filled Vender List
* Weighing scale calibration

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| **23. Declaration of the 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** |
| **24. 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 can perform the cert. service (incl. aspects like domi­cile, language, and any other specific requirements) and application is accepted: Yes ❑ No ❑
4. Date of the Application :

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