



|  |  |                            |
|--|--|----------------------------|
| <b>APPLICATION FORM FOR BEEKEEPING</b> |  | <b>Doc No. : F-3.1.2.7</b> |
| <b>Rev. No. : 02</b>                   | <b>Created/Rev. Date:</b><br><b>22/06/2020</b> | <b>Page 1 of 2</b>         |

In order to help to estimate the cost of inspection and certification, please provide the following information, by indicating as many details as possible and omitting items that do not apply.

|  |  |  |   |   |   |
|--|--|--|---|---|---|
| <input type="checkbox"/> New Application, <input type="checkbox"/> Annual Renewal Application-Certified by ADITI since Year: _____ |  |  |   |   |   |
| <b>1.</b>  | <b>Company Name or Name of Individual or Group</b>                                     |  |   |   |   |
| <b>2.</b>  | <b>Postal address</b>  |  |   |   |   |
|  | City/Town: _____   | District: _____  | State: _____  |   |   |
|  | Postal Code: _____   | Country: _____   |   |   |   |
|  | <b>Contact Number:</b> _____   | <b>Email:</b> _____  | <b>Website:</b> _____                                 |   |   |
| <b>3.</b>  | <b>Certificate should be Issued in the name of:</b>                                    | <input type="checkbox"/> Company <input type="checkbox"/> Group <input type="checkbox"/> Individual  |   |   |   |
| <b>4.</b>  | <b>Legal Status of the Company</b>   | <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company (LLC)<br><input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Corporation <input type="checkbox"/> Non-profit organization<br><input type="checkbox"/> Others Mention: _____ |   |   |   |
| <b>5.</b>  | <b>Name of responsible Person for signing contract with ADITI</b>                      | Name _____<br>Designation: _____   |   |   |   |
|  | <b>Contact Number:</b> _____   | <b>email Id:</b> _____   |   |   |   |
| <b>6.</b>  | <b>Goods and Service Tax (GST) Number :</b>  |  |   |   |   |
| <b>7.</b>  | <b>Type of operation:</b>  |  |   |   |   |
|  | <input type="checkbox"/> Beekeeping <input type="checkbox"/> Beekeeping and Processing |  |   |   |   |
| <b>8.</b>  | <b>Bee Keeping Details:</b>  |  |   |   |   |
|  | <input type="checkbox"/> Individual  |  | <input type="checkbox"/> Group of beekeepers          |   |   |
|  | Location of apiaries: _____  |  | Total No. of beekeepers in Group: _____               |   |   |
|  | No. of apiaries: _____   | No. of colonies: _____   | Total No. of apiaries: _____                          | Total No. of colonies: _____                        |   |
|  | No. of processing units: _____   |  | No. of processing units: _____                        |   |   |
|  | Processing Activities: _____   |  | Processing Activities: _____                          |   |   |
|  | Distance from collection area to address given in 2(km): _____                         |  |   |   |   |
|  | Approximate total production/year: _____   |  | Approximate total production/year of the Group: _____ |   |   |
| <b>9.</b>  | <b>Product Details: Attach additional sheet if required</b>                            |  |   |   |   |
|  | <b>Sl. No.</b>   | <b>Product/Raw product</b>   | <b>Finished Product</b>                               | <b>Annual Estimated Quantity of processing (MT)</b> | <b>Recovery Percentage of product (Raw to Finished)</b> |
|  |  |  |   |   |   |
| <b>9a</b>  | Submit ADITI Product specification form for Multi-ingredient products (F 4.5.12)       |  |   |   |   |



|  |  |                            |
|--|--|----------------------------|
| <b>APPLICATION FORM FOR BEEKEEPING</b> |  | <b>Doc No. : F-3.1.2.7</b> |
| <b>Rev. No. : 02</b>                   | <b>Created/Rev. Date:</b><br><b>22/06/2020</b> | <b>Page 2 of 2</b>         |

|            |  |
|------------|--|
| <b>10.</b> | Standard(s) for which you wish to become certified:<br><input type="checkbox"/> <b>NPOP</b> , Government of India: <a href="http://apeda.gov.in/apedawebsite/organic/index.htm">http://apeda.gov.in/apedawebsite/organic/index.htm</a><br><input type="checkbox"/> <b>NOP</b> , for the organic US-market: <a href="http://www.ams.usda.gov/nop/NOP/standards.html">http://www.ams.usda.gov/nop/NOP/standards.html</a><br><input type="checkbox"/> <b>COS</b> , for the Canada Market: <a href="https://www.inspection.gc.ca/organic_products/eng/1526652186199/1526652186496">https://www.inspection.gc.ca/organic_products/eng/1526652186199/1526652186496</a><br><input type="checkbox"/> <b>Aditi Private Std</b> , <a href="http://www.aditicert.net">http://www.aditicert.net</a><br><input type="checkbox"/> <b>Others:</b> specify _____   |
| <b>11.</b> | Do you have a copy of the standard(s) according to which you request certification?<br>Hardcopy: <input type="checkbox"/> Access through internet: <input type="checkbox"/> No copy: <input type="checkbox"/>  |
| <b>12.</b> | Have the <b>above mentioned units/products</b> ever been inspected and/or certified before? If so, Please enclose all information regarding the inspection(s) and/or certification(s), including reports of findings etc.<br><input type="checkbox"/> No, NA <input type="checkbox"/> Yes, Details:<br>What was the reason for termination of the contract with regard to the inspection and/or certification mentioned above?<br>Details:   |
| <b>13.</b> | <b>Required Documents:</b><br><input type="checkbox"/> Aadhaar Card-Personal<br><input type="checkbox"/> PAN Card<br><input type="checkbox"/> MSME Udyog Aadhar (For Processor)<br><input type="checkbox"/> FSSAI License copy with all annexes<br><input type="checkbox"/> Passport size photo<br><input type="checkbox"/> Unit/Firm Registration document.<br><input type="checkbox"/> Valid Mobile No. of the Responsible person & Email Id<br><input type="checkbox"/> Organic Management Plan (Aditi document No. F- 4.3.4.1)<br><input type="checkbox"/> Migratory beekeeping plan (If applicable)<br><input type="checkbox"/> Map of the bee siting areas<br><input type="checkbox"/> Product specification Form for Multi-ingredient Products (F 4.5.12)<br><input type="checkbox"/> Last year harvest details (Applicable for annual renewal)<br><input type="checkbox"/> Group of Beekeepers details |

Date:

Signature and Company stamp:

### For Office use only

**This part has to be filled in by ADITI!** Examination of the application

|          |   |
|----------|---|
| <b>1</b> | The certification requirements have been defined clearly: Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| <b>2</b> | Any differences between applicant and ADITI about cert. procedure have been cleared: Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| <b>3</b> | ADITI is able to perform the cert. service (incl. aspects like domicile, language, and any other specific requirements) and application is accepted: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>4</b> | Comments (Mandatory Section):<br><br><br>   |

Date:

Signature: