



APPLICATION FORM FOR FOOD PROCESSING		Doc No. : F-3.1.2.11
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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: _____	
1	Company Details
1a	Name of Company:
1b	Postal address: City/Town: _____ District: _____ State: _____ Postal Code: _____ Country: _____ Contact Number: _____ Email: _____ Website: _____
1c	FSSAI License no.: _____ Capacity: _____
1d	IE Code (Import/Export Code){If any}:
2	Legal Status of the Company <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Non-profit organization <input type="checkbox"/> others Mention: _____
3	Certificate to be issued in the name of <i>Not applicable for Bio Suisse</i>
4	Responsible Personnel:
4a	Responsible Person for signing contract with ADITI Name: _____ Designation: _____ Contact Number: _____ Email Id: _____
4b	Responsible Person for Tracenet (e-portal) Data Entry <input type="checkbox"/> Same as above, Others mention, Name: _____ Designation: _____ Contact Number: _____ Email Id: _____
4c	Responsible person at the Processing Unit <input type="checkbox"/> Same as 4a, <input type="checkbox"/> Same as4b, Others mention, Name: _____ Designation: _____ Contact Number: _____ Email Id: _____
5	Goods and Service Tax (GST) Number (mandatory):
6	Details of Processing/handling Unit



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6a.	<p>Same as 1,2 <input type="checkbox"/>, Other mention below:</p> <p>Postal Address: Name of Unit:</p> <p>City/Town: District: State:</p> <p>Postal Code: Country:</p> <p>FSSAI License no (Mandatory): Capacity:</p> <p>Distance from processing unit(s) to address given under (2) above: km</p>								
6b.	Processing Activities at above unit:								
6c.	Product details: (Attach additional sheet if required)								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Product/Raw product</th> <th style="width: 30%;">Finished Product</th> <th style="width: 25%;">Annual Estimated Quantity of processing (MT)</th> <th style="width: 20%;">Recovery Percentage</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Product/Raw product	Finished Product	Annual Estimated Quantity of processing (MT)	Recovery Percentage				
Product/Raw product	Finished Product	Annual Estimated Quantity of processing (MT)	Recovery Percentage						
6d.	Submit ADITI Product specification form for Multi-ingredient products (F 4.5.12)								
7	<p>Warehousing details (If Involved) FSSAI License No.:</p> <p>Activities at this unit:</p> <p>Name of the Unit:</p> <p>Postal address:</p> <p>City/Town: District: State:</p> <p>Postal Code: Country:</p>								
8	<p>Standard(s) for which you wish to become certified:</p> <p><input type="checkbox"/> NPOP, Government of India,: http://apeda.gov.in/apedawebsite/organic/index.htm</p> <p><input type="checkbox"/> NOP, for the organic US-market: http://www.ams.usda.gov/nop/NOP/standards.html</p> <p><input type="checkbox"/> COS, for the Canada Market: https://www.inspection.gc.ca/organic-products/eng/1526652186199/1526652186496</p> <p><input type="checkbox"/> The Bio Suisse standards, https://www.bio-suisse.ch/</p> <p><input type="checkbox"/> Aditi Private Std, http://www.aditicert.net</p> <p><input type="checkbox"/> Others, mention:</p>								
9	<p>Do you have a copy of the standard(s) according to which you request certification?</p> <p>Hardcopy: <input type="checkbox"/> Access through internet: <input type="checkbox"/> No copy: <input type="checkbox"/></p>								
10	<p>Have the above mentioned units/products 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.</p> <p><input type="checkbox"/> No, NA <input type="checkbox"/> Yes , Details:</p> <p>What was the reason for termination of the contract with regard to the inspection and/or certification mentioned above?</p> <p>Details:</p>								



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11	Required Documents: Legibly seen and Size within 0.5Mb, Format Jpeg/pdf <ul style="list-style-type: none"><input type="checkbox"/> FSSAI License Copy-All sheets including Annexes<input type="checkbox"/> Aadhaar Card<input type="checkbox"/> PAN Card<input type="checkbox"/> GST<input type="checkbox"/> Passport size photo<input type="checkbox"/> Unit/Firm Registration document<input type="checkbox"/> Raw material supplier scope certificate/s: Valid NPOP/NOP<input type="checkbox"/> Product list<input type="checkbox"/> Product specification form for Multi-ingredient products (F 4.5.12)<input type="checkbox"/> Organic Management Plan (Aditi document No. 4.3.6){Shared after tracenet registration}<input type="checkbox"/> Volume flow<input type="checkbox"/> Processing and product flow chart<input type="checkbox"/> Quality Manual or<input type="checkbox"/> Standard Operating Procedure (SOP)
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Date:

Signature and Company stamp:

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

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

Date:

Signature: