



**APPLICATION FORM FOR VOLUNTARY
CERTIFICATION SCHEME FOR MEDICINAL
PLANT PRODUCE**

Doc No. : F-3.1.2.6.1

Rev. No. : 00

Rev. Date : 10-07-2019

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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.

1	Company Name		
	Legal Status of the Company	<input type="checkbox"/> Individual <input type="checkbox"/> Grower's Group <input type="checkbox"/> Multisite without implementation of QMS <input type="checkbox"/> Multisite with implementation of QMS <input type="checkbox"/> Corporation <input type="checkbox"/> others Mention:	
2	Responsible Person		
3	Responsible Person for Communication		
4	Postal Address:		
	Postal Code:	City/Country:	
	Mobile:	Email:	
	5 Goods and Service Tax (GST) Number (if any):		
6	Medicinal Plant/ Wild Collection: Collection site: _____ Total approximate collection area (km ²): _____		
	No. of collectors: _____ No. of local wholesalers: _____ No. of processing units (e.g. freezing, drying): _____		
	Distance from collection area to address given: _____ km		
	GAP & GFCP: Farm Location: _____ Number of farms: _____ Total hectares: _____		
	Distance from farm(s) to address given under (3) above: -----km		
Farmer Name and Address _____			
	Medicinal plants/ Wild species collected (please attach a list, if not enough space)	Approx. quantity harvested /year	
7	Standard(s) for which you wish to become certified: <input type="checkbox"/> Voluntary Certification Scheme for Medicinal Plant Produce a. Good Agricultural Practices <input type="checkbox"/> b. Good Field Collection Practices <input type="checkbox"/> c. Wild Collections <input type="checkbox"/>		
8	Do you have a copy of the standard(s) according to which you request certification? Hardcopy: <input type="checkbox"/> Access through internet: <input type="checkbox"/> No copy: <input type="checkbox"/> Website: www.nmpb.nic.in		
9	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. What was the reason for termination of the contract with regard to the inspection and/or certification mentioned above?		
10	Required Documents: <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Passport size photo <input type="checkbox"/> Permit to collect the wild forest products (Forest Department/Revenue Department) <input type="checkbox"/> Organic Management Plan-(Aditi document No. 4.3.3) <input type="checkbox"/> Species spread sheet – (Aditi document No. 4.3.3.1) <input type="checkbox"/> Resource assessment form- (Aditi document No. 4.3.3.3) <input type="checkbox"/> Collectors list		

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 cert. service (incl. aspects like domicile, language, and any other specific requirements) and application is accepted: Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Comments:

Date:

Signature: