



APPLICATION FORM FOR ORGANIC INPUT APPROVAL		Doc No. : F-3.1.2.13
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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 Name/Name of Individual							
2.	Postal address							
	City/Town:	District:	State:					
	Postal Code:	Country:						
	Contact Number:	Email:			Website:			
3.	Address for Invoice (if different):							
	City/Town:	District:	State:					
	Postal Code:	Country:						
	Contact Number:	Email:			Website:			
4.	Approval Certificate should be Issued in the name of:							
	<input type="checkbox"/> Company			<input type="checkbox"/> Individual				
5.	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"/> Corporation <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Others Mention:						
6.	Responsible Personnel:							
6a	Name of responsible Person for signing contract with ADITI	Name:						
		Designation:						
		Contact Number:			email Id:			
6b	Responsible Person for Tracenet (e-portal) Data Entry	Name:						
		Designation:						
		Contact Number:			email Id:			
7.	Goods and Service Tax (GST) Number:							
8.	Type of Operation to be Certified:							
	<input type="checkbox"/> Manure from animal husbandry <input type="checkbox"/> Compost production <input type="checkbox"/> Industrial plant <input type="checkbox"/> Laboratory for biological pest control <input type="checkbox"/> Bottler <input type="checkbox"/> Mining industry <input type="checkbox"/> Bio fertilizers <input type="checkbox"/> Others mention							
9.	Products to be certified:							
	Product name	Trade name	Composition	Composition %	Raw material	Shelf life	Annual processing capacity	Use of inputs
10.	Places where your product can be purchased (for sample taking):							



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11.	Input Approval as per Standard(s): <input type="checkbox"/> NPOP, Government of India, http://apeda.gov.in/apedawebsite/organic/index.htm <input type="checkbox"/> NOP, for the organic US-market: http://www.ams.usda.gov/nop/NOP/standards.html <input type="checkbox"/> COS, for the Canada Market: https://www.inspection.gc.ca/organic-products/eng/1526652186199/1526652186496 <input type="checkbox"/> Aditi Private Std, http://www.aditicert.net <input type="checkbox"/> Others specify _____
12.	Do you have a copy of the standard(s) according to which you request input approval? Hardcopy: <input type="checkbox"/> Access through internet: <input type="checkbox"/> No copy: <input type="checkbox"/>
13.	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. <input type="checkbox"/> No, NA <input type="checkbox"/> Yes, Details: What was the reason for termination of the contract with regard to the inspection and/or certification mentioned above? Details:
14.	Required Documents: Legibly seen and Size within 0.5Mb, Format Jpeg/pdf <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Passport size photo <input type="checkbox"/> Unit/Firm Registration document. <input type="checkbox"/> Manufacturing License from the Government <input type="checkbox"/> Valid Mobile No. of the Responsible person & Email Id (Tracenet Login details will be sent to this) <input type="checkbox"/> Organic Management Plan (Aditi document No. 4.3.8-Format shared after Tracenet registration) <input type="checkbox"/> GST <input type="checkbox"/> Product list <input type="checkbox"/> Volume flow <input type="checkbox"/> Source of raw materials <input type="checkbox"/> Flow chart <input type="checkbox"/> Quality manual/ SOP

Date:

Signature and Company stamp:

For Office use only

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 (Mandatory Section):

Date:

Signature: