


APPLICATION FORM FOR WILD COLLECTION
Doc No. : F-3.1.2.6
Rev. No. : 02
Rev. Date: 01/06/2022
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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 or Name of Individual	
2	Postal address	
	City/Town: _____ District: _____ State: _____	
	Postal Code: _____ Country: _____	
	Contact Number: _____	Email: _____ Website: _____
3	Certificate should be Issued in the name of:	<input type="checkbox"/> Company <input type="checkbox"/> Individual
4	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: _____
5	Name of responsible Person for signing contract with ADITI	Name _____ Designation: _____ Contact Number: _____ email Id: _____
6	Responsible Person for Tracenet (e-portal) Data Entry	Name: _____ Designation: _____ Contact Number: _____ email Id: _____
<i>The Login credentials generated through tracenet will be sent to the above mentioned contact number and email.</i>		
7	Goods and Service Tax (GST) Number (if any):	
8	Wild collected Product List, Details of harvested quantities, resource assessment etc., Fill Form Species Spreadsheet-F 4.3.3.1 and Form 4.3.3.3	
9	Wild collection-Site details (Attach Map)	
9a	Details of the Collection site	
	Sl. No.	Collection site details (Name/ Location-State, district etc.)
		Total approximate collection area (km²):
9b	Any Processing activity (e.g., freezing, drying, heating, etc.) involved? No <input type="checkbox"/> Yes <input type="checkbox"/> Mention Activities: _____	
9c	Location of processing units: _____	
9d	Wild species-Collectors List-Fill and Attach Aditi Form 4.3.3.6	

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10	Standard(s) for which you wish to become certified: <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"/> EU Regulation 2018/848 EUR-Lex - 32018R0848 - EN - EUR-Lex (europa.eu) <input type="checkbox"/> Others: specify _____
11	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"/>
12	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:
13	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"/> Permit to collect the wild forest products (Forest Department/Revenue Department) (Including Detail/s: Name of the Forest Circle, Name of the Forest Division, Name of the Forest Range, Name of the Forest Beat, Total Area (Ha) of the wild collection and MOU/Forest permit date (From and to)) <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. 4.3.3-Format shared after Tracenet registration) <input type="checkbox"/> Species spread sheet – (Aditi document No. F- 4.3.3.1) <input type="checkbox"/> Resource assessment form- (Aditi document No. F- 4.3.3.3) <input type="checkbox"/> Wild species-Collectors list-(Aditi document No. F- 4.3.3.6) <input type="checkbox"/> Map of Collection area- Forest map <input type="checkbox"/> In case of private forest, RTC copy of the forest is required

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: