



APPLICATION FORM FOR BEEKEEPING		Doc No. : F-3.1.2.7
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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 or Group				
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"/> Group <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.	Goods and Service Tax (GST) Number :				
7.	Type of operation:				
	<input type="checkbox"/> Beekeeping <input type="checkbox"/> Beekeeping and Processing				
8.	Bee Keeping Details:				
	<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: _____		
9.	Product Details: Attach additional sheet if required				
	Sl. No.	Product/Raw product	Finished Product	Annual Estimated Quantity of processing (MT)	Recovery Percentage of product (Raw to Finished)
9a	Submit ADITI Product specification form for Multi-ingredient products (F 4.5.12)				



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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: <input type="checkbox"/> Aadhaar Card-Personal <input type="checkbox"/> PAN Card <input type="checkbox"/> MSME Udyog Aadhar (For Processor) <input type="checkbox"/> FSSAI License copy with all annexes <input type="checkbox"/> Passport size photo <input type="checkbox"/> Unit/Firm Registration document. <input type="checkbox"/> Valid Mobile No. of the Responsible person & Email Id <input type="checkbox"/> Organic Management Plan (Aditi document No. F- 4.3.4.1) <input type="checkbox"/> Migratory beekeeping plan (If applicable) <input type="checkbox"/> Map of the bee sitting areas <input type="checkbox"/> Product specification Form for Multi-ingredient Products (F 4.5.12) <input type="checkbox"/> Last year harvest details (Applicable for annual renewal) <input type="checkbox"/> Group of Beekeepers details

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 (Mandatory Section):

Date:

Signature: