



APPLICATION FORM FOR CROP PRODUCTION (INDIVIDUAL)		Doc No. : F-3.1.2.8
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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 of above: 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 <i>Not applicable for Bio Suisse</i>
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	Responsible Personnel:
5a	Responsible Person for signing contract with ADITI Name: _____ Designation: _____ : <input type="checkbox"/> NA Contact Number: _____ email Id : _____
5b	Responsible Person for Tracenet (e-portal) Data Entry <input type="checkbox"/> Same as above <input type="checkbox"/> Others: Mention, _____ Name: _____ Designation: _____ : <input type="checkbox"/> NA Contact Number: _____ email Id : _____
<i>Note : The Login credentials generated through tracenet will be sent to the above mentioned contact number and email.</i>	
5c	Name and Contact Number of Farm responsible: Name: _____ Designation: _____ : NA <input type="checkbox"/> Contact Number: _____ Email Id: _____
6	Goods and Service Tax (GST) Number (if any):
7	Crop Production
7a.	Farm Details:
Farm Address: City /Town: _____ , District: _____ , State: _____ Postal Code: _____ Number of farms: _____ Total hectares: _____ Distance from farm(s) to address given under (2) above: -----km	
7b.	Cropping Pattern:
Annex 4.5.5.6A : Complete Cropping Details-Individual or details with similar data as attachment	
Crop	Hectares
Approx. quantity harvested per year	



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8	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"/> The Bio Suisse standards , https://www.bio-suisse.ch/ <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, Mention:
9	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"/>
10	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:
11	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 or Record of Rights (If applicable) <input type="checkbox"/> Tenancy and Crops (RTC) <input type="checkbox"/> Sub-Contractor or Lease agreement (if any) <input type="checkbox"/> Form 4.5.5.6 A cropping details (Format as attached) or with similar data <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. 4.3.1(Format shared after Tracenet registration) <input type="checkbox"/> Last year harvest details (Applicable for annual renewal)

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: