



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

**Doc No. : F-3.1.2.6.1**

**Rev. No. : 02**

**Rev. Date : 16/12/2022**

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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.

<b>1</b>	<b>Company Name</b>		
	<b>Legal Status of the Company</b>	GAP <input type="checkbox"/> Individual <input type="checkbox"/> Grower's Group GFCP <input type="checkbox"/> Individual <input type="checkbox"/> Grower's Group <input type="checkbox"/> Corporation <input type="checkbox"/> others Mention:	
<b>2</b>	<b>Responsible Person</b>		
<b>3</b>	<b>Responsible Person for Communication</b>		
<b>4</b>	Postal Address:		
	Postal Code :	City/Country:	
	Mobile :	Email :	
<b>5</b>	<b>Goods and Service Tax (GST) Number (if any):</b>		
<b>6</b>	<b>Medicinal Plant/ Wild Collection:</b> Collection site:	Total approximate collection area (km <sup>2</sup> ):	
	No. of collectors:                      No. of local wholesalers:	No. of processing units (e.g. freezing, drying):	
	Distance from collection area to address given:                      km		
	<b>GAP&amp; GFCP:</b> 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	
<b>7</b>	<b>Standard(s) for which you wish to become certified:</b> <input type="checkbox"/> <b>Voluntary Certification Scheme for Medicinal Plant Produce</b> a. Good Agricultural Practices <input type="checkbox"/> b. Good Field Collection Practices <input type="checkbox"/> c. Wild Collections <input type="checkbox"/>		
<b>8</b>	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: <a href="http://www.nmpb.nic.in">www.nmpb.nic.in</a>		
<b>9</b>	Have the <b>above mentioned units/products</b> 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?		
<b>10</b>	<b>Required Documents:</b> <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"/> 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

<b>1</b>	The certification requirements have been defined clearly: Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2</b>	Any differences between applicant and ADITI about cert. procedure have been cleared: Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>3</b>	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"/>
<b>4</b>	Comments:

Date:

Signature: