



<b>APPLICATION FORM FOR INDGAP</b>		<b>Doc No. : F-3.1.2.15</b>
<b>Rev. No. : 03</b>	<b>Rev. Date : 09/06/2023</b>	<b>Page 1 of 2</b>

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.

New client     Renewal application

<b>1.</b>	<b>Individual Farmer/Farmer Group / Producers management unit (PMU)</b>	<input type="checkbox"/> Individual farmer, Name: <input type="checkbox"/> Farmer group, Name: <input type="checkbox"/> PMU, Name: <input type="checkbox"/> Others, Name:		
<b>2.</b>	Certificate should be issued in the name of			
<b>3.</b>	<b>Postal Address relating to 1</b>	City/Town:	District:	State:
		Postal Code:	Country:	
<b>4.</b>	<b>Certification Scope</b>	<input type="checkbox"/> IndGap Basic <input type="checkbox"/> IndGap premium  <input type="checkbox"/> Grower Group, <input type="checkbox"/> Individual Farmer, <input type="checkbox"/> Others <input type="checkbox"/>		
<b>5.</b>	<b>Modules opted under IndGAP premium</b>	<input type="checkbox"/> Combinable Crops <input type="checkbox"/> Fresh Fruits and vegetable <input type="checkbox"/> Tea <input type="checkbox"/> Coffee <input type="checkbox"/> Spices		
<b>6.</b>	<b>Legal Entity</b>	<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:		
<b>7.</b>	<b>Proof Of legal Identity</b>	<input type="checkbox"/> RTC Copy <input type="checkbox"/> Lease Agreement/Copy <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> PAN Card		
<b>8.</b>	<b>Representative: Farm or Group/Producers Management unit (PMU)</b>			
	Name :	Designation:		
	Contact No.:	email Id:		
<b>9.</b>	<b>Responsible Person for Communication and e-portal entries</b>	Name		
		Designation		
<b>10.</b>	<b>Contact no.:</b>	email id:		
<b>11.</b>	<b>Goods and Service Tax (GST) Number (if any):</b>			
<b>12.</b>	<b>Number of manpower at location (Applicable for Individual farm):</b>			
<b>13.</b>	<b>Individual Farm Details:</b>			
	<b>Total Land Held at location:</b>			
	<b>Area proposed for certification:</b>			
	<b>Produce/Crop being handled:</b>			
<b>14.</b>	<b>Project Location:</b>			
	1) Farmers Group /PMU Name & Address:			
	Number of farmers:			
	Total hectares:			
	Distance from farm(s) to the Project Office: -----km			
	Hectares	Crops (main and intercrop) details	Approx. quantity harvested per year	



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<b>15.</b>	<b>Is there any on farm processing activities involved?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, mention details:		
<b>16.</b>	Have the <b>above mentioned units/products</b> ever been inspected and/or certified before? Any Registration with Government Department: If so, Please enclose all information regarding the inspection(s) and/or certification(s), including reports of findings etc.  Are the certification programs still in force? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, What was the reason for termination of the contract with regard to the inspection and/or certification mentioned above?  Farmers Group details: Farmer name, Location, GPS readings, Area under certification, Crops grown (main/inter), Estimated Yields. (Enclose Crop list		
		Approx. quantity harvested /year	
<b>17.</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="https://www.qcin.org/india-good-agriculture-practices.php">https://www.qcin.org/india-good-agriculture-practices.php</a>		
<b>18.</b>	Any outsourced activities performed (including consultant):		
<b>19.</b>	<b>Required Documents:</b> <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Valid Mobile No. of the Responsible person & Email Id <input type="checkbox"/> Passport size photo <input type="checkbox"/> Crop list <input type="checkbox"/> Unit/Firm Registration document or Record of Rights, Tenancy and Crops Land records (RTC) <input type="checkbox"/> Farmers List <input type="checkbox"/> Self assessment for GAP (completed checklist)		

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, adequate competent staff and any other specific requirements) and application is accepted: Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>4</b>	Comments:

Date:

Signature: