



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

Doc No. : F-3.1.2.6.1

Rev. No. : 03

Rev. Date : 09/05/2024

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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.

1	Company Name			
	Legal Status of the Company	GAP <input type="checkbox"/> Individual <input type="checkbox"/> Grower's Group <input type="checkbox"/> Trader GFCP <input type="checkbox"/> Individual <input type="checkbox"/> Grower's Group <input type="checkbox"/> Corporation <input type="checkbox"/> others Mention:		
2	Responsible Person			
3	Responsible Person for Communication			
4	Postal Address:			
	Postal Code :			City/Country:
	Mobile :			Email :
5	Goods and Service Tax (GST) Number (if any):			
6	Intermediate entity (Trader) a) Name of trader/storage agency to be certified: b) Registration number of the store operation: c) Medicinal produce to be stored:			
6	Medicinal Plant/ Wild Collection: Collection site: _____ Total approximate collection area (km ²): _____ No. of collectors: _____ No. of local wholesalers: _____ No. of processing units (e.g. freezing, drying): _____ Distance from collection area to address given: _____ km GAP & GFCP: 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		
7	Standard(s) for which you wish to become certified: <input type="checkbox"/> Voluntary Certification Scheme for Medicinal Plant Produce a. Good Agricultural Practices <input type="checkbox"/> b. Good Field Collection Practices <input type="checkbox"/> c. Trader <input type="checkbox"/>			
8	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: www.nmpb.nic.in			
9	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. What was the reason for termination of the contract with regard to the inspection and/or certification mentioned above?			



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10	Required Documents: <ul style="list-style-type: none"><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<input type="checkbox"/> Licence from authorities to operate the store(Trader)
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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:

Date:

Signature: