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|  | New Application, Annual Renewal Application-Certified by ADITI since ­­­­­­­­­­­­­­­­­­Year: \_\_\_\_\_\_\_\_\_  Amendment,  First time with ADITI (CB Transfer) | | | | |
| **1** | **Group Name**  (as per PAN) | | *(Note: Certificate will be issued in this name)* | | |
| **2** | **Postal address of Grower Group (ICS Office)**  *(Note: Certificate will be issued in this address)*  City/Town/Village: Taluka/Mandal: District: State:  Postal Code: Country:  **Contact Number: Email: Website(if any):** | | | | |
| **2a** | **GPS Coordinates of the ICS Office**  (in decimal degrees)  **(Distance from the villages covered)** | | Latitude:  Longitude:  *Use a GPS-enabled device or mobile app to record accurate coordinates with at least 4 decimal places. (e.g., latitude: 12.9716, longitude: 77.5946)* | | |
| **3** | **Legal Status of the Grower Group** | | Registered Society under the Societies Registration Act, 1860 or relevant State Societies Act/Rules  Farmers Producer Organization (FPO)/Farmers Producer Company (FPC) incorporated under Companies Act, 2013  Co-operative society 1912 /Primary Agricultural Credit Society (PACS)  others Mention: | | |
| **4** | **Farmers Details** | |  | | |
| **4a** | Number of farmers: | |  | | |
| **4b** | Villages covered | |  | | |
| **4c** | Total area (in Ha): | |  | | |
| **4d** | Organic area (in Ha): | |  | | |
| **4e** | Distance from farm(s) to the ICS Office (in km) | |  | | |
| **5** | **Service Provider involved?** | | Yes  No  If Yes, please fill 5a to 5d | | |
| **5a** | **Name of the Service Provider**  (as per PAN) | |  | | |
| **5b** | **Legal Status of the Service Provider** | | Self-Help Group (SHG)  Non-Governmental Organisation (NGO)  Private Agency  Govt. Agency  Cooperative Society | | |
| **5c** | **Postal address of the Service Provider:**  City/Town/Village: Taluka/Mandal: District: State:  Postal Code: Country: GPS Coordinates (in decimal):  **Contact Number: Email: Website (if any):** | | | | |
| **5d** | **GPS Coordinates of Office of the Service Provider**  (in decimal degrees) | | Latitude:  Longitude:  *Use a GPS-enabled device or mobile app to record accurate coordinates with at least 4 decimal places. (e.g., latitude: 12.9716, longitude: 77.5946)* | | |
| **6** | **Responsible Personnel:** | | | | |
| **6a** | **Responsible Person for signing contract with ADITI (ADITI (details will be used in tracenet eportal registration)** | | | Name:  Designation: **ICS Manager**  Aadhar No:  **Contact Number: Email:** | |
|  | *The Login credentials generated through tracenet will be sent to the above mentioned contact number and email of ICS Manager* | | | | |
| **6b** | **Name and Contact Number of Farm responsible:** | | | | Name:  Designation:  **Contact Number: Email Id:** |
| **7** | **Goods and Service Tax (GST) Number (if any):** | | | | |
| **8** | **Warehousing details (If Involved) FSSAI License No.:**  **Activities at this unit:**  **Name of the Unit:**  **Postal address:**  City/Town/village: Taluka: District: State:  Postal Code: Country: | | | | |
| **8a** | **GPS Coordinates of Warehouse:**  (in decimal degrees) | Latitude:  Longitude:  *Use a GPS-enabled device or mobile app to record accurate coordinates with at least 4 decimal places. (e.g., latitude: 12.9716, longitude: 77.5946)* | | | |
| **9** | **Complete F4.5.5.6B-PAFL (Provisional Approved Farmers List)-Group or submit similar data** | | | | |
| **10** | **Complete F 4.5.1.1 for Retroactive Recognition of Conversion Period (if applicable)** | | | | |
|  | Emudhra E-Sign Registration Completed | | | | Yes  No |
| **11** | Standard(s) for which you wish to become certified:  **NPOP**, Government of India: https://npop.apeda.gov.in/sites/default/files/2024-10/NPOP\_Eight\_Edition\_2024.pdf  **NOP**, for the organic US-market: <http://www.ams.usda.gov/nop/NOP/standards.html>  **COS,** for the Canada Market: <https://www.inspection.gc.ca/organic-products/eng/1526652186199/1526652186496>  **COS** with **U.S.- Organic Equivalency Arrangement:** [https://inspection.canada.ca/organic- products/equivalence-arrangements/uscoea-overview/eng/1328068925158/1328069012553](https://inspection.canada.ca/organic-%20products/equivalence-arrangements/uscoea-overview/eng/1328068925158/1328069012553)  **Bio Suisse standards,** <https://www.bio-suisse.ch/>  **Naturland**: https://www.naturland.de/en/naturland/what-we-stand-for/quality/naturland-standards.html  **Aditi Private Std,** <http://www.aditicert.net>  **Regulation (EU) 2018/848**, [EUR-Lex - 32018R0848 - EN - EUR-Lex (europa.eu)](https://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX:32018R0848)  Others mention: | | | | |
| **12** | Do you have a copy of the standard(s) according to which you request certification?  Hardcopy:  Access through internet:  No copy: | | | | |
| **13** | Have the **above-mentioned units/products** ever been inspected and/or certified before in any country? If so, Please enclose all information regarding the previous CB, inspection(s) and/or certification (COR, NPOP, USDA NOP, EU, JAS etc ), including reports of findings etc.  No, NA Yes, Details:  What was the reason for the termination of the contract concerning the inspection and/or certification mentioned above? Details: | | | | |
| **14** | Last Year Organic Turnover:       MT &       Currency | | | | |
| **15** | **Required Documents: Legibly seen and Size within 1MB, Format Jpeg/pdf**  Grower group documents (PAN, Firm Legal/ registration document, Organisation structure)  Photos of ICS Office along with GPS Co-ordinates  Service Provider Documents (PAN, Firm registration document, Organisation structure)  Contract Agreement between ICS and Service Provider (if applicable)  Resume (Of Person Responsible- ICS Manager)  Aadhaar Card (Of Person Responsible))  PAN Card (Of Person Responsible))  Valid Mobile No. of the Person Responsible and email Id  Passport-size photo (Of Person Responsible)  . Route map  Proof of Farmers registration with Ministry of Agriculture & Farmers Welfare (MoA&FW) & Unique ID  Provisional Approved Farmers List (PAFL) (Aditi document No. F-4.5.5.6B)  Contract between ICS and the farmer  ICS Overview Map with distance from Office to each Village of the farmers  Warehouse documents (layout map & rent agreement-if applicable)  **Note:**  1. “The certification process involves the following steps: Application submission → Preliminary review → Cost estimate → Client approval & payment → Contract execution → Registration → Submission and review of the Organic Management Plan (OMP) → External inspection → Corrective and Preventive Actions (CAPA) where applicable → Certification decision (grant or refusal) by the Certification Committee.”  2. Please provide all applicable details to facilitate accurate cost estimation for inspection and certification. | | | | |
| **16** | **Operator declaration: Declaration on the following details as per EU requirements**  I Will provide all the descriptions of the activities performed in the applied unit for organic and in-coversion products.  I hereby declare that all the details provided in this document are true and with the latest information on the implementation of the organic management plan**.**  I hereby accept to transfer the controlled file in the case of a change of control body.  I hereby accept in the case of withdrawal of organic production, the CB to maintain the control file for at least 5 years.  I hereby accept the exchanges of information among those CBs if subcontractors are controlled by different CBs.  I hereby declare that I/the group of operators have not been certified by any other CB concerning activities carried out in the same country regarding the same category of products at different stages of production, preparation, or distribution. | | | | |

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Date:       Signature of authorized person and Company stamp:

**For Office use only**

**This part has to be filled in by ADITI!** Examination of the application

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| --- | --- |
| **1** | The certification requirements have been defined clearly: Yes  No |
| **2** | Any differences between applicant and ADITI about cert. procedure have been cleared: Yes  No |
| **3** | ADITI is able to perform the cert. service (incl. aspects like domi­cile, language, and any other specific requirements) and application is accepted: Yes  No |
| **4** | Comments (Mandatory Section): |
|  | Application Status:  Accepted  Not accepted |
|  | If application is not accepted, state the reasons there of : |

Date:       Date:

Reviewed by: Approved by:      