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|  | New Application, Annual Renewal Application-Certified by ADITI since ­­­­­­­­­­­­­­­­­­Year: \_\_\_\_\_\_\_\_\_  Amendment,  First time with ADITI (CB Transfer) | | | |
|  | **Name of Individual/Group**  (as per PAN) | *(Note: Certificate will be issued in this name)* | | |
|  | **Postal address:**  (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 Office**  (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)* | | |
|  | **Legal Status of the Individual/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** | **Service Provider involved?** | Yes  No  If Yes, please fill 4a to 4d | | |
| **4a** | **Name of the Service Provider**  (as per PAN) |  | | |
| **4b** | **Legal Status of the Service Provider** | Self-Help Group (SHG)  Non-Governmental Organisation (NGO)  Private Agency  Govt. Agency  Cooperative Society | | |
| **4c** | **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):** | | | |
| **4d** | **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)* | |
| **5.** | **Name of the responsible Person for signing the contract with ADITI** | | Name  Designation: | |
| **5a.** | **Contact Number: email ID:** | | | |
| **5b** | **Name and Contact Number of Farm responsible:** | | | Name:  Designation:  **Contact Number: Email Id:** |
| **6.** | **Goods and Service Tax (GST) Number (if any):** | | | |
| **7.** | **Livestock production and processing Details:** | | | |
| **8** | **For Individual Farmer (Please fill 8a to 8f)** | | | |
| **8a.** | Farm / Dairy unit location: | | | |
| **8b.** | livestock species: | | | |
| **8c.** | Breed of animal: | | | |
| **8d.** | Total no. of animals: | | | |
| **8e.** | Grazing area(ha): | | | |
| **8f.** | Approximate total yield/year: | | | |
| **9** | **For Group of farmers (Please fill 9a to 9h)** | | | |
| **9a.** | Total No. of farmers: | | | |
| **9b.** | livestock species: | | | |
| **9c.** | Breed of animal: | | | |
| **9d.** | Total no. of animals: | | | |
| **9e.** | Grazing area(ha): | | | |
| **9f.** | No. of processing units:  Processing Activities: | | | |
| **9g.** | Approximate total production/year of the Group: | | | |
| **9h.** | Complete form PAFL-Livestock (Provisional Approved Farmers List) F4.5.5.6C including Livestock details with actual and estimated yield | | | |
| **10.** | Distance from farm(s) to address given (km): | | | |
| **11.** | Attach Animal history form (Livestock species, Breed, Age, Sex, Calves details, Origin of animals etc.,)   |  |  |  | | --- | --- | --- | | **Raw Product Name** | **Annual Estimated Production** | **Number of Animals** | |  |  |  | | | | |
|  | **Annual turnover for Product applying for (Currency): -** | | | |
|  | **Annual turnover for Product applying for (MT):-** | | | |
| **12.** | Are the livestock:  Fully organic  Reared under simultaneous conversion  Conventional | | | |
| **13.** | 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  **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](https://www.inspection.gc.ca/organic%20products/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)  **Aditi Private Std,** <http://www.aditicert.net>  **Regulations (EU) 2018/848,** [EUR-Lex - 32018R0848 - EN - EUR-Lex (europa.eu)](https://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX:32018R0848)  **Others:** specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **14.** | Do you have a copy of the standard(s) according to which you request certification?  Hardcopy:  Access through internet:  No copy: | | | |
| **15.** | 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: | | | |
| **16.** | **Required Documents: Legibly seen and Size within 1MB, Format Jpeg/pdf**  Aadhaar Card (Of Person Responsible)  PAN Card (Of Person Responsible)  Passport size photo Of Person Responsible)  Valid Mobile No. of the Responsible person & Email Id  Farm Ownership record in Business Name (If applicable)  PAFL-Livestock details with actual and estimated yield (applicable in group) F-4.5.5.6C  Animal history details  FSSAI license  Product list  Blueprint of animal shed/ processing unit/ map of ICS  Last year harvest details (Applicable for annual renewal)  Authorization letter if the application is signed by an employee of the company  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. | | | |
| **17.** | **Operator declaration: Declaration on the following details as per EU requirements**  I Will provide all the description of the activities performed in 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 implementation of organic management plan**.**  I hereby accept to transfer the controlled file in the case of 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/ 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. | | | |

Date:       Signature of owner/authorized person and Company stamp:

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**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): |
| **5** | Application Status:  Accepted  Not accepted |
| **6** | If application is not accepted, state the reasons there of : |

Date:       Date:

Reviewed by: Approved by:      