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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Name of Operator:** | |  | | | | | **Operator ID :** | | |
| **2** | **Legal Status of the Operator** | | Sole proprietorship  Partnership  Limited Liability Company Corporation  Non-profit organization others Mention: | | | | | | | |
| **3** | **Registered Address :**  **District :**       State:       Country:       Pin Code: | | | | | | | | | |
| **4** | **Corresponding Address :**  **District :**       State:       Country:       Pin Code:  \*same as registered address | | | | | | | | | |
| **5** | **Farm Address:**  Village:       Taluka:       **District :**       State:       Country:  Pin Code:  \*same as registered address | | | | | | | | | |
| **6** | **GST Number** | |  | | | | | | | |
| **7** | **Pan Card** | |  | | | | | | | |
| **8** | **Legal Person Name:**        **Email ID**  **–**  **Contact Number:** | | | | | | | | | |
| **9** | **Responsible Person Name**:       **Email ID:**  **Contact Number:** | | | | | | | | | |
| **10** | **Are you comfortable to fill Application ,OMP and other MSASPL formats in English**  **YES NO**  **IF NO-Please mention the Name of the representative /Translator on your behalf to fill the MSASPL documents in English.**  **Note –**Operator must take the approval for Communicator with the MSASPL /Translator (Hindi /other languages to English prior to initiate their certification process with MSASPL.  **Name of the Translator / Communicator :** | | | | | | | | | |
| **11** | **Project Location (How far from the nearest railway station and Bus station** | |  | | | | | | | |
| **12. Certification required under standards:**  NPOP  Other | | | | | | | | | | |
| **13. Certification History:**  **13.1**. Is your organization currently certified :  YES NO  If yes Name of the Certification body :  NOC approval number (Attached NOC approval letter)  Expiry Date of current certificates (Attached certificates)  Have you make any changes from previous certifications? Yes  NO  NA  Please Specify if any changes made since previous certification-  Any non-compliances , issued by your last certification body: Yes  NO  NA  If yes kindly submit the non-compliances details  **13.2.** Have you ever denied for certification earlier: YES  No  NA  If yes give details | | | | | | | | | | |
| **14. Details of farm:** | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Unit Detail for Certification** | | | | | | **Hectare (Ha)** | | | **Unit Name/Code** | | **GPS Coordinates** | **Village** | **Taluka** | **District** | **State** | **Organic** | **Conventional/ In conversion** | |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  | | | | | | | | | | | |
| **15. Crop Names :** | | | | | | | | | | |
| **16. Storage Facilities:**  On farm  Off farm  If Off-Farm it is: A- Own facility  B- Contracted facility  NOTE- If contracted/ agreement then kindly provide the copy of contract/ agreement.  Please fill the information required in the table given below: | | | | | | | | | |
| **Are both organic, transition and conventional products stored in the same storage?** | | | | **Are both organic, transition and conventional products stored in the same storage?** | | | **Are both organic, transition and conventional products stored in the same storage?** | | |
|  | | | | | | | | | |
| **17. Cleaning measures- Storages:** | | | | | | | | | |
| **Name of the Storage Place** | | **Is regular cleaning carried out: Yes/ No** | | | **Mode of cleaning** | **Products used for cleaning.** | | | **Frequency of cleaning.** |
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| **18. Required Documents:**  Aadhaar Card  PAN Card  Unit/Firm Registration document or Record of Rights, Lease documents.  Valid Mobile No. of the License and Responsible person  Valid Email ID  Farm Map  Overview Map  Land Records (Survey / Khasra / 7/12 etc.)  Crop map (Rabi/ Kharif/ Zaid / Perennial/ biannual and annual)  Authorization letter  Field History  Input approval Request Form  Crop production Plan  Product reconciliation  If NOC project then following documents required.\  NOC letter  Scope certificate  Audit report  If any NC then required NC closure report with evidence. |
| 19. Declaration of operator: I do hereby affirm that all information provided to MS Agroland Services Pvt Ltd (MS ASPL) is true and accurate. I affirm my commitment to meet the respective Organic Standards as indicated in section 1. If the organic production rules are violated, I agree to be sanctioned according to the MS AGROLAND SERVICES PVT. LTD. Scale of sanctions. If major changes in the organic operations occur, I will inform MS AGROLAND SERVICES PVT. LTD. Immediately. I agree not to release any products resulting from these changes until the MS AGROLAND SERVICES PVT. LTD. has notified me accordingly.  I agree to keep a record of complaints about my organic activities, take appropriate action with respect to such complaints and document the action taken.  Name of Licensee  :  Position In the Organisation : --------------------------------  Date and Place : Seal & Signature of Licensee |
| **20. This part shall be filled by (MS AGROLAND SERVICES PVT. LTD.)**  Review of the application and reviewer’s remarks   1. The certification requirements have been defined clearly: Yes ☐ No ☐ 2. Any differences between the applicant and MS AGROLAND SERVICES PVT. LTD. about certification. Procedure has been cleared: Yes ☐ No ☐ 3. MS AGROLAND SERVICES PVT. LTD. can perform the cert. service (incl. aspects like domi­cile, language, and any other specific requirements) and application is Accepted  Not Accepted 4. If Not accepted , please describe … 5. Date of receiving the application.   **Application review Remarks :**  **Name of the Reviewer : …………………….**  **Date and place : Signature and seal of reviewer Date and place : Signature and seal of reviewer** |