|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A.1** | **ICS Name:** | | | | | | | | |
| **A.2** | **ICS Registered Address :**  **District :**       State:       Country:       Pin Code: | | | | | | | | |
| **A.3** | **Legal Status Of ICS:**  **PAN Number**       **Farmer producer** **Company/ Organization Number**       **Society Registration Number**       **Cooperative society** | | | | | | | | |
| **A.4** | **ICS Onsite Address:**  Village:       Taluka:       **District :**       State:       Country:  Pin Code:  \*same as registered address | | | | | | | | |
| **A.5** | **GST Number :** | | | | | | | | |
| **A.6** | **Pan Card:** | | | | | | | | |
| **A.7** | **Legal Person Name:**        **Email ID**  **–**  **Contact Number:** | | | | | | | | |
| **A.8** | **Responsible Person Name**:       **Email ID:**  **Contact Number:** | | | | | | | | |
| **B.1** | **Name of External service provider :** | |  | | | | | **External service provider ID :** | |
| **B.2** | **Legal Status of the External service provider** | | Sole proprietorship  Partnership  Limited Liability Company  Corporation  Non-profit organization  Others Mention: | | | | | | |
| **B.3** | **Registered Address :**  **District :**       State:       Country:       Pin Code: | | | | | | | | |
| **B.4** | **Corresponding Address :**  **District :**       State:       Country:       Pin Code:  \*same as registered address | | | | | | | | |
| **B.5** | **GST Number :** | | | | | | | | |
| **B.6** | **Pan Card :** | | | | | | | | |
| **B.7** | **Legal Person Name:**        **Email ID**  **–**  **Contact Number:** | | | | | | | | |
| **B.8** | **Responsible Person Name**:       **Email ID:**  **Contact Number:** | | | | | | | | |
| **C** | **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 :** | | | | | | | | |
| **D** | **Project Location (How far from the nearest railway station and Bus station** | |  | | | | | | |
| **E. Certification required under standards:**  NPOP  Other | | | | | | | | | |
| **F. Certification History:**  **F1**. 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:  **F.2.** Have you ever denied for certification earlier: YES  No  NA  If yes give details | | | | | | | | | |
| **G. Details of ICS:** | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name of the ICS** | **Total number of farmers** | **Total landholding (Ha)** | **Total area under organic (Ha)** | **Total area under in- conversion (Ha)** | **Area of farmer containing above 4 Ha** | |  |  |  |  |  |   **Is list of farmers attached with the application form?** YES  No    **Is list of farmers having land 4 or more than 4 hectors are separately attached with application?**  **YES  No  NA** | | | | | | | | | |
| **H. Crop Names :** | | | | | | | | | |
| **I. 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?** | | |
|  | | | | | | | | | |
| **J. 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.** |
|  | |  | | |  |  | | |  |
|  | |  | | |  |  | | |  |
| **K. Required Documents:**  ICS Legal Registration FPO / FPC/ society/ cooperative Registration (Copy)  Aadhaar Card-ICS  GST -ICS  PAN -ICS  Valid Mobile No. of the ICS Manager  Valid Email ID  Field History  Input approval Request Form  OMP  Crop production Plan  Product reconciliation  Overview Map  AFL  Contract between ICS & External service provider  External service provider Co. Regn.  Authorization letter  PAN External service provider  GST- External service provider  If NOC project then following documents required.\  NOC letter  Scope certificate  Audit report  If any NC then required NC closure report with evidence. | | | | | | | | | |
| L.1 Declaration by the ICS manager on behalf of ICS: 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 | | | | | | | | | |
| L.2 Declaration by the External service Provider: 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 External service provider :  Position In the Organisation : -------------------------------  Date and Place : Seal & Signature of External service provider | | | | | | | | | |
| **M. 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** | | | | | | | | | |