

	MS AGROLAND SERVICES PRIVATE LIMITED (AGROCERT)	Doc no.	ASPL CD-02
	Application of Crop Production – OGG Certification	Issue no.	01
		Issue date	15.03.2021
		Revision no.	02
		Revision date	09.04.2024

A.1	Name of Operator / Mandater :		Operator ID :
A.2	Legal Status of the Operator /Mandater	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Others Mention:	
A.3	Registered Address : District : State: Country: Pin Code:		
A.4	Corresponding Address : District : State: Country: Pin Code: *same as registered address <input type="checkbox"/>		
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	ICS Name:		
B.2	ICS Registered Address : District : State: Country: Pin Code:		
B.3	Legal Status Of ICS: PAN Number Company Registration Number Society Registration Number		
B.4	ICS Onsite Address: Village: Taluka: District : State: Country: Pin Code: *same as registered address <input type="checkbox"/>		
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 <input type="checkbox"/>NO<input type="checkbox"/> 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: <input type="checkbox"/>NPOP <input type="checkbox"/> Other			

APPROVALS:

PREPARED BY	APPROVED BY
QUALITY MANAGER	COO

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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 far containing Ha

Is list of farmers attached with the application form? YES No

Is list of farmers having land 4 or more than 4 hectares 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:

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- Aadhaar Card
- PAN Card
- Company Registration (Copy)
- Valid Mobile No. of the License and Responsible person
- Valid Email ID
- Overview Map
- AFL
- ICS Legal Registration (Company Registration, Society Registration Number & PAN card (Copy)
- 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.

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L. 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

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

.....

Signature and seal of reviewer Date and place :

APPROVALS:

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