

MS AGROLAND SERVICES PRIVATE	Doc no.	ASPL-CD-19
LIMITED (AGROCERT)	Issue no.	01
	Issue date	26.07.2022
Application form for off form input	Revision no.	01
Application form for off farm input approval	Revision date	06.02.2023

1	Name of Organization	
		Client ID: -
		'
2	Legal Status of the Organization	□ Sole proprietorship □ Partnership
		☐ Limited Liability Company ☐
		Corporation □ Non-profit organization □ others Mention:
3	Organization Registered Address	
		State:
		District:
		Country: Pin
		code:
4	Organization Corresponding Address	
		State:
		District:
		Country: Pin
		code:
6	GST Number	
7	Pan Card	
8	Legal Person Name:	Email ID –
	Contact Number:	
9	Responsible Person Name:	Email ID:
	Contact Number:	

PREPARED BY	APPROVED BY
QUALITY MANAGER	COO



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10	Project Location (How far from the nearest railway station and Bus station	
11	Location of the products to be inspected	
11a.	Manufacturing Facility	
1	Name of the company	
2	Contact	
3	Registration Number of the company	
4	License No. with validity date	
5	Address (Head Office)	
6	Pin Code	
7	City	
8	Country	
9	Contact number	
10	Email	
11b.	Conditioning, storage, and accounting site (to be completed on	ly when these operations are carried out
	by a third company), If insufficient use a separate sheet.)	
1	Name of the company	
2	Contact	
3	Registration Number of the company	
4	License No. with validity date	
5	Address (Head Office)	

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6	Pin Code	
7	City	
8	Country	
9	Contact number	
10	Email	
12	Production Detail	
Total F	roduction Capacity of the unit in solid form (MT)	
Total F	roduction Capacity of the unit in liquid form (KT)	
13	Details of products under certification	
S.NO	Product/ Brand Name	Production capacity Per annum (MT/KL)
S.NO	Product/ Brand Name	Production capacity Per annum (MT/KL)
	Product/ Brand Name	Production capacity Per annum (MT/KL)
1	Product/ Brand Name	Production capacity Per annum (MT/KL)
1 2	Product/ Brand Name	Production capacity Per annum (MT/KL)
1 2 3	Product/ Brand Name	Production capacity Per annum (MT/KL)
1 2 3 4 5	Product/ Brand Name fficient use separate sheet.	Production capacity Per annum (MT/KL)
1 2 3 4 5		Production capacity Per annum (MT/KL)

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approval	date	

15. Input attestation History:
12.1 . This is your first application for Input attestation: □ YES □NO
If No, please provide the following details.
Name of Previous Certification Body:
➤ Have you ever denied Input attestation earlier: □YES □ No □ Not Applicable?
If yes give details
25. Required Documents:
□ Aadhaar Card
□ PAN Card
☐ Passport size photo
□Company registration certificate
☐ Certificate of registration from the controller of fertilizer under the fertilizer control order 2006
☐ Registration with the central insecticides board
☐ Certificate from pollution control department
☐Government registration letter
□Organization chart
□ Product list with its composition / Ingredients & source of ingredients

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10. Declaration of operator:

Name of License:

Position In the Organisation:

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 ASPL scale of sanctions. If major changes in the organic operations occur, I will inform ASPL immediately. I agree not to release any products resulting from these changes until the MS ASPL 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.

Date and Place: Seal & Signature of Licence		Seal & Signature of Licence		
This part filled by MS Agroland Services Pvt Ltd (MS ASPL):				
Review	ew of the application and reviewer's remarks			
1.	1. The input attestation requirements have been defined clearly: Yes \square No \square			
2.	2. Any differences between the applicant and MS ASPL regarding input attestation, procedure have been cleared: Yes □ No □			
3.	MS ASPL can perform the cert. service (incl. aspects like domicile, language, and any other specific requirements) and application is accepted: Yes \square No \square			
4.	4. If No, please describe			
5.	5. Date of receiving the application.			
Applica	lication review Remarks :			
Name o	e of the Reviewer			
Dat	Date and place : Signature and seal of reviewer			

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