
	MS AGROLAND SERVICES PRIVATE LIMITED (AGROCERT)	Doc no.	ASPL-CD- FR-42
	Initial Enquiry Form	Issue no.	01
		Issue date	03.04.2024
		Revision no.	00
		Revision date	00

1.	General Information		
1.1	Name Of Farmer/ Owner/ Company:		
1.2	Organic Management Representative Name:		Contact Number :
1.3	PAN No. : (Attach a copy)		
	Legal Entity Registration Details: (Attach a Copy)		
1.4	Registered Address:		
1.5	Mailing Address: (If different from registered address)		
1.6	On-site Address:		
1.7	Contact details:		
	Telephone/ Mobile:	Fax:	
	E-mail:	Website:	
2.	Previous certification details: <input type="checkbox"/> NA/ New Applicant (No need to fill this section)		
	Is your project is currently certified for NPOP and transferring your project via NOC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, No. of years certified under organic management: _____ Since (Specify Year)		
	Name of previous CB:		
	NOC Approval Number: (Attach Copy)		
	Applied Standard: <input type="checkbox"/> NPOP <input type="checkbox"/> COR		
3.	Scope requested for Certification: (Mark Applicable and provide details in relevant section)		
A	<input type="checkbox"/> Crop Production- Individual Farmer <input type="checkbox"/> NPOP <input type="checkbox"/> COR	No. of Plots: Area in Hectare:	
B	<input type="checkbox"/> Crop Production- Grower Group <input type="checkbox"/> NPOP <input type="checkbox"/> COR	No. of Farmers in Group: Total Certification Area of Group: No. of Farmers having more than 4 Ha. Land: Area of Farmers having more than 4 Ha. Land:	
C	<input type="checkbox"/> Wild Collection <input type="checkbox"/> NPOP <input type="checkbox"/> COR	Applied Area: No. of Sites: No. of Head Collectors: No. of Sub Collectors: No. of Products for collection:	
D	<input type="checkbox"/> Input Approval <input type="checkbox"/> NPOP	No. of Products: No. of Units/ Sites:	
E	<input type="checkbox"/> Processing <input type="checkbox"/> COR	No. of Products Single Ingredients Multi ingredients No. of Units/ Sites:	

APPROVALS:

PREPARED BY	APPROVED BY
QUALITY MANAGER	COO

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F	<input type="checkbox"/> Packaging and Labelling <input type="checkbox"/> COR	No. of Products Single Ingredients Multi ingredients No. of Units/ Sites:
F	<input type="checkbox"/> Livestock Feed <input type="checkbox"/> COR	No. of Products Single Ingredients Multi ingredients No. of Units/ Sites:
4.	Submit a copy of Legal Entity Registration/ Land Ownership, Overview MAP: <input type="checkbox"/> Attached	
5	Any other information you want to specify:	
Note: Initial Documents Required for Registration: <ol style="list-style-type: none"> 1. Legal Entity Registration Copy 2. PAN Card 3. Aadhar Card 4. Land Survey/ 7/12 copy 5. FSSAI Licence 6. Factory Licence 		

Name of Applicant:

Date:

Signature :

APPROVALS:

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