APSOPCA/ IndG.A.P./01 - Application Form for IndG.A.P.	Rev. No. :02
Certification	Rev. Date:17-06-2023

Application Form for IndG.A.P. Certification

Affix Recent Photograph of farmer/Responsible Person

Section 1: General Information:				
	Name:			
	Village:			
	Mandal:			
Name and Address of the	District:			
Individual / Grower group/	State:			
Organization/ firm	Pin code:			
	Mobile Number:			
	Email:			
	GLN (If available):			
Legal identity number of the				
applicant (Aadhaar/ PAN Number)	Name:			
	Village:			
	Mandal:			
Name and address of the	District:			
Responsible Person	State:			
P	Pin code:			
	Mobile Number:			
	Email:			
	☐ Individual producer:			
	☐ Single site			
Option for IndG.A.P. Certification	☐ Multisite without implementation of QMS			
Option for fluo.A.F. Certification	☐ Multisite with implementation of QMS			
	☐ Grower group :			
	(No. of farmers in the group:			
Certification Criteria	☐ Combinable Crops ☐ Fresh Fruits and vegetables			
	☐ Tea ☐ Green Coffee ☐ Spices			
Did you apply for certification earlier under IndG.A.P. ☐ Yes ☐ No				
(If yes; please give the following details)				
Name of the Certification body:				
Extent of Area (Ha):				
Name of the products				
Registration Number (UIN):				

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Certification								Rev. Da	te:17-06	5-2023	
Certificate	No.:				Valid	l upt	.0	:			
Date of iss	ue :										
Details of	certificat	tion bodie	s if any	other 1	produ	cts r	egistere	ed wi	th other	CBs? □	Yes □ No
If yes, give	details										
Name of th	ne Certifi	ication bo	dy:								
Extent of A	Area (Ha):									
Name of th	ne produ	icts:									
Registration	n Numb	oer (UIN):									
Countries	/ Group	of Count	ries to								
which prod	duce is f	forwarded	•								
Are you av IndG.A.P. have a cop	☐ Ye	es 🔲 N	lo								
Section 2	: IndG.A	.P. farm	details								
Name of th	Name of the farm (If any)										
Type of cu	ltivation	:		☐ Field ☐ Protected							
Total Land	l Held at	location:									
Area propo	osed for	certification	on:								
Since when		s under									
Any Regist Departmen		vith Gover	nment								
Distance a farm from		-									
Farm map sites with Grower overview s between ea											
Production	on deta	ils									
771	Sy.	Total		Addres	1	- ·	Name	St	tatus of	GP	S reading
Khata Number	No./ Plot No.	area (Ha)	Villag e	Man dal	Dis tric t	St at e	of the land owner	tl	he land vn/Rent)	Latitu de	Longitude
L	L	i .	i	i	1	1	1	L		1	i .

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APSO	PCA/ I	ndG.	A.P./01 -	Applica	tion Fo	rm for I	ndG.A	.P.	Rev. N	o. :02	
Certif	ication								Rev. D	ate:17-0	6-2023
			1	1 1			Γ	1		1	<u> </u>
	<u> </u>		Total A	rea	'	1	l	1		'	•
Crop	detail	s (Cov	ered Cro	os)							
		•	of the crop	•				A ====		Anneou	Approx.
	ason			No./	Area	Date		Appro Date (Approx. dates of	quantity
•	if/Rabi mmer)	Main	Intercrop		(Ha)	sowi	_	First		further	harvested per year
, ou.				numbe	r			harve	st	harvest	(MT)
						1					
											onventiona
			: parallel pr arvesting st		can be al	lowed onl	y if the	crop c	an be c	learly distin	nguished by a
averag	Name		idi vootiiig o	luge.j		Appro	ох. Ар	prox.	Appro	o GF	S reading
Seas	the		rvey No./	Area	Date o			tes of	x.	. Latitu	T adden d a
on	crop/v		ot number	(ha)	sowing	harve		rvest	Quant ty (Mt	ı ne	Latitude
										,	
Para	llel Ow	nersh	ip details							· · · · · · · · · · · · · · · · · · ·	
					Source	details			·		
s.	No		e of the	Invoice/	cash bill		e and		uantity		& address of
		crop	/variety		& date		s of the plier		(MT)	the s	torage place
						sup	philei				

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Certifica	ation				Re	v. Date:	17-06	5-2023
	n 4: Harvest							
•		the F	larvested prod	uce from				
certific								
			with document p	□ Yes □	No			
agreem	ent between	produce	r & buyer)					
(Note: I	Part of harves	t canno	t be excluded)					
Is there	e any on farm	process	sing activities inv	volved?				
(If yes,	mention deta	ils)			□ Yes □	No		
		_	(If Produce is ha	andled at P	roduct Hand	lling Uni	its (PF	IU))
If Ye	es, give detail	s of PHU	as below		Carried			Contact
S.	Person	Moss	ne of the PHU	Address		Hand	lled	
No	responsible	Nan	ie of the Phu	Address	out	produ	ıcts	No./Emai
	_				process	_		ID
D.T.		1 11	. ,.		1	• 1 ,		
			ing operations		•			
	ig, irimming, al contact with		ng, or any other	nanaung o	peration wn	ere ine j	proau	ci may nave
			unit is certifie	d against	Organic st	andards	/ GL	OBALG.A.P.
	S/QMS any ot	_		a agairre	01801110 00		Yes	
•	Certificate No	·					100	_ 110
	Date of Issue	•						
	Valid up to	•						
	Certification 1	Body :						
			ertified produce	handled in	same PHH2		Yes	П №
	n 5: Details			nanara m	same ino:		103	
			el employed in c	ase of grow	er group an	d Multis	ite wit	h OMS
Betails		P C 1 O O 1 1 1 1	er employed in e	450 01 51011	Compet			211 21110
	Name	of the			_			Job
S. N	o perso		Designa	tion	(Qualification)			
	perse)IIIICI			Experie		100	ponsibility
					Experie	псеј		
							_	
	•							

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Sub-contra	Sub-contractors' information							
S. No	Name of the sub-contractor	Name of the sub contracted activities/work	Duration of Sub- contract	Evidence of sub- contract	Remarks			

Section 4: Documents to be submit along with application

- 1. Photo of farmer/Responsible Person
- 2. PAN or Aadhaar Card
- 3. Farm Map or Overview map in case of grower group
- 4. Land registration document (1b/Pattadar pass book/ CCRC/ Lease agreement)
- 5. Approved farmers list (For Grower groups only)
- 6. Registration certificate of legal entity (In case of Company/Producer group)
- 7. Agreement between mandator and FPO (If any)
- 8. PAN card of mandator (If any)

DECLARATION:

The applicant hereby undertakes to comply with all the requirements as mentioned below:

- 1. The above given Information on this form is true to the best of my knowledge. I agree to provide further information as required by the APSOPCA.
- 2. To be responsible and authorized for the production and management of the above-mentioned crops/farms.
- 3. To be familiar with the IndG.A.P. requirements that has been published on the website of QCI (https://www.qcin.org/).
- 4. To be familiar with the requirements to have evidence and records available as specified in the relevant scheme.
- 5. To inform the CB as soon as buyer is identified and a written contract is executed b/w producer and buyer mentioning about the IndG.A.P. requirement for harvest exclusion.
- 6. The application of the CB requires the applicant to confirm that there is no duplication in terms of seeking certification.
- 7. To inform the buyer (New Owner who is harvester and post-harvest handler) about the Pre Harvest Interval (PHI) in case of Harvest exclusion.
- 8. To declare any judicial proceedings relating to my operations/product, any proceedings by any regulatory body or suspension/cancellation/withdrawal of any certification/approvals under any regulations or otherwise.
- 9. I Agree to pay the IndG.A.P. certification charges to APSOPCA as communicated.

Place:	
Date:	Signature of the Operator