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| APSOPCA/ 03.b Organic System Plan for Grower Group | Revision number: 00 |
| | Revision date : 04.06.2025 |

ORGANIC SYSTEM PLAN FOR GROWER GROUP

GENERAL INFORMATION:

| | | | |
|--|-------------|-----------|--|
| Name of the Grower Group: | | Date: | |
| Address of the ICS Office of the Grower Group: | | | |
| GPS coordinates of ICS Office | | | |
| Name of the Authorised person (ICS Manager) | Mobile No.: | Email Id: | |

FIELD HISTORY: for the past 3 years

| S.No. | Year/Season | | Input used | Year/Season | | Input used | Year/Season | | Input used |
|-------|-------------|------|------------|-------------|------|------------|-------------|------|------------|
| | Area (ha) | Crop | | Area (ha) | Crop | | Area (ha) | Crop | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

CONVERSION PLAN:

| | |
|---|--|
| Total number of Farmer | |
| Total area cultivated (ha) | |
| Total area offered for Organic Certification (ha) | |
| Area under 1 st Year Conversion (ha) | |
| Area under 2 nd Year Conversion(ha) | |
| Area under 3 rd year conversion(ha) | |
| Total Area (Ha) under organic certification | |

CROPS PROPOSED TO BE CULTIVATED DURING THE YEAR:

Attach approved farmer list

ORGANIC CROPS:

| S.No | Season Kharif / Rabi/ Zaid | Number of farmer | Area (ha) | Crop | Organic Status | Intercrop | Buffer Crop |
|------|----------------------------------|---------------------|--------------|------|-------------------|-----------|-------------|
| | | | | | C1/C2/C3/ organic | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

Are you practicing Parallel production: Yes/No

If yes

Details of convention area, crops and separation measures.

| Non-organic Crop Area(ha) | Crop |
|---------------------------|------|
| | |

Farmers wise details to be annexed.

BUFFER ZONES AND BOUNDARIES:

Describe the general idea of buffer zone maintenance by farmers of the Grower Group.

SOIL FERTILITY AND NUTRIENT MANAGEMENT:

The tillage and cultivation practices should improve the physical, chemical and biological condition of soil and minimize soil erosion

i. Describe the Tillage and Cultivation practices?

ii. Are there any nutrient deficiencies observed in the field (describe)?

iii. What inputs apply to fertilize land and provide nutrients to crop?

| S. No. | Input | Brand Name | Source (on farm/ off farm) "If off-farm, clearly mention the name and address of the off-farm source. | Quantity | Time of application |
|--------|-------|------------|--|----------|---------------------|
| | | | | | |

SEED: Describe your source of Seed:

| S. No. | Crop | Type of Seed /Seedling /Planting Stock | Organic Status (Organic/Chemically untreated hybrid seeds for planting stock) | Source (on farm/ off farm) "If off-farm, clearly mention the name and address of the off-farm source | Quantity | Seed Treatment material used |
|--------|------|--|---|---|----------|------------------------------|
| | | | | | | |
| | | | | | | |

CROP ROTATION DETAILS:

Is ICS following the crop rotation? If yes, please describe the crop rotation practice.

PEST, WEED AND DISEASE MANAGEMENT:

List the significant crop pests, weeds and/ or diseases that you may encounter on your ICS:

| | Measures Taken |
|-----------------|----------------|
| Pests: | |
| Disease: | |
| Weeds: | |

INPUTS FOR PEST AND DISEASE AND WEED MANAGEMENT:

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| S. No. | Input used | Brand name | Source (on farm/ off farm) "If off-farm, clearly mention the name and address of the off-farm source" | Quantity | Time of application |
|--------|------------|------------|--|----------|---------------------|
| | | | | | |

EQUIPMENT HANDLING:

List all equipments used with Organic and Non-organic crops and how do you plan to prevent commingling of Organic and Non-organic crop. How do you prevent contamination of organic crops with prohibited substances.

| Equipment used includes for crop production, transport, and packaging. | Source (on farm/ off farm) "If off-farm, clearly mention the name and address of the off-farm source" | Method used to prevent co-mingling and contamination with prohibited substance. |
|--|--|---|
| | | |
| | | |

Details of livestock:

Number of livestock holdings: clearly mention the type and number of livestock.

HARVEST:

| S.No. | Crop | Season Kharif /Rabi-Zaid | Year of harvest | Expected yields (MT) |
|-------|------|--------------------------|-----------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

RECORD KEEPING AT ICS OFFICE:

| RECORD | YES | NO |
|--|-----|----|
| Overview Maps of ICS | | |
| Village Map | | |
| Farm Diary (Available at farmer premise) | | |
| Test Reports (if any) | | |
| Labels of inputs used | | |
| Labels for the produce | | |

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| Issue No :02 | Approved by: Director, APSOPCA | Page 4 of 5 |
|--------------|--------------------------------|---------------------------|

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| Prior land use Declaration farm (if Applicable) | | |
| Invoice of all inputs | | |
| Internal Standards | | |
| Contract with farmer | | |
| Internal inspection checklists and reports | | |
| Training Record | | |
| Approval Committee meeting record | | |
| General organization chart of Grower Group | | |
| Approved farmers List | | |
| List of staff of Grower Group/ICS with responsibilities | | |
| Complaint Register | | |

Declaration by the Applicant:

The above given Information on this form is true and correct to the best of my knowledge: Signature of the applicant:

Date:

Place:

ORGANIC SYSTEM PLAN (OSP) is verified by

Name of Inspector:

Signature of Inspector:

Date:

Place:

If a change in the OSP is identified by the inspector, please mention it here: