

RENEWAL APPLICATION FORM FOR PROCESSING

Affix Recent
Photograph
of Contact
Person

SECTION 1: General Information			
Name of company or firm			
Address:			
Name as required on certificate:			
Phone/Mobile			
Email ID			
Section 2: Contact Person & Other Detail(s)			
Name of Contact Person			
Designation			
Mobile			
Email ID			
Aadhaar No.			
The certification according to following standards is requested:		NPOP <input type="checkbox"/> Others <input type="checkbox"/>	
Please list all locations where the processing, and stocking of products prior to sales :			
SECTION 2: Information on farmers/organization who deliver raw materials			
Name of supplier	Address	Raw material supplied	
Storage of raw materials		<input type="checkbox"/> In a separate room <input type="checkbox"/> Along with conventional raw materials in the same room	
SECTION 3: Information for inspection			
Sl. No.	Product name	Label (Indian Standards)	Tick if the same product is processed conventionally also

Do you have any other subcontracted services: If yes, give details of the subcontractor:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please attach recipes of your product(s) in a precise way:		<input type="checkbox"/> No of products manufactured <input type="checkbox"/> No of recipes attached	
Following documents to be kept ready for inspection at inspection site: <ul style="list-style-type: none"> • Certificate of the farmers/ organization from whom the raw materials are collected • List of products purchased from other processing or trading companies • Certificate of other companies whose products are being used in the manufacturing process Import certificates for the imported products			
Further Processing and packaging:			
Please list all companies that further process/ package your product			
Company		Kind of process done	
SECTION 4: Verification of product flow			
When is the stock entry made?			
In which way is the intake of goods documented?			
In which way the goods issued are documented (outward movement)			
Is it possible to trace back every single lot processed		Yes <input type="checkbox"/> No <input type="checkbox"/>	
SECTION 5: Control of intake of goods			
Is there a report system to note the delivery of non-conforming goods/ any file for receiving complaints		Yes <input type="checkbox"/> No <input type="checkbox"/>	
SECTION 6: Aids/Additives used during processing			
Please specify in detail the processing aids, additives (including preservatives), microorganisms, enzymes etc. used in the whole manufacturing process.			
Are any of your organic products enriched with vitamins? If yes, list them along with the vitamin it		Yes <input type="checkbox"/> No <input type="checkbox"/>	

contains.	
Are any of your organic products enriched with minerals? If yes, list them along with the minerals it contains	Yes <input type="checkbox"/> No <input type="checkbox"/>
Section 7:Packaging material	
Please list the kind of packaging material used specifically for each of the products manufactured as organic.	
SECTION 8: Storage of the organic products	
Organically produced products are stored	
<ul style="list-style-type: none"> • Separate from those produced conventionally <input type="checkbox"/> • Same room as that of the conventionally produced without separation <input type="checkbox"/> • Same room as that of the conventionally produced with proper method of separation <input type="checkbox"/> 	
Do you have external storage facility (godown elsewhere)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain the measures taken to guarantee a separation of organic, conventional and in conversion products in time and space?	
Cleaning of the storage room is done by:	
List the method/ methods used for cleaning and sterilizing the processing equipments and containers along with the ingredients used for it.	
Please name the quality assurance system followed in your unit	
Describe the storage condition of the store rooms:(low temperature, CA,...others)	
Do you face any pest problems in the processing unit or storage room? If yes, list the kind of pest and the remedial measures taken to control them	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you irradiate your products to ensure a long life?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
<p>Declaration of the manager: The signatory declares that –</p> <ul style="list-style-type: none"> • I agrees to comply with the requirements for certification and to supply any information needed for evaluation of products to be certified • The information given in this application form is true, changes or deviations in composition of the product/ system/ operation from the given information will be immediately communicated to APSOPCA 	

Date:

Place :

Signature