

Renewal Application Form for Grower Group

Name of the Group (ICS):	
Address of the group/ICS (with PIN code)	
Address for correspondence (with PIN code)	
Mob/Phone:	
e-mail:	
Name of the contact person/s	
Mob/Phone:	
e-mail:	
Status :	<input type="checkbox"/> IC-1 <input type="checkbox"/> IC-2 <input type="checkbox"/> IC-3 <input type="checkbox"/> Organic
Farm to be certified according to:	<input type="checkbox"/> NSOP <input type="checkbox"/> Others

Information on changes

There has been the following changes since the last application was filled in:

Sl. No.	Subject	Change		If Yes, details:
		Yes	No	
1	Change in person responsible			
2	Change in internal inspectors			
3	Change in internal inspection procedure			
4	Change in ICS Manual & internal regulations			
5	Change in members of Approval committee			
6	Change in sanction system			
7	Addition or deletion of farmers			
8	Addition or deletion of Ares			
9	Any new crop introduced			
10	Change in production methods			
11	Change in inputs used			
12	Change in cattle feed used			
13	Change in storage areas			
14	Change in transport			
15	Change in method of marketing			

16	Any new training to staff as well as farmers			
17	Soil /water / product analysis conducted since the last application to APSOPCA?			
18	Variation in area certified by the previous CB and present one in case of transference			

Please list all the supporting documents enclosed with this application (pertaining to changes done under Sl. No. 1-17). Use additional sheet/s if required.

Sl. No.	Title

DECLARATION:

We hereby declare that we shall carry out the crop production operations in our group (ICS) according to the NPOP standards. we agrees to comply with the requirements for certification and to supply any information needed for evaluation of products to be certified The information provided in this application form is correct and true to the best of our knowledge. In case of any change or deviation in the crop production system/ operations from the given information, will be immediately communicated to APSOPCA.

Place:	Signature of the ICS Manager:
Date:	Name