

FORM - I G

Application Form for Registration of Grower Group Certification

REGISTRATION NO: TNO (G).....

1. Name and Address of Group / Unit / Society -

2. Name of contact Persons & Phone /Fax No. -

3. Brief information about the group

Name of the location	Number of members	Total area of the group	Total area of the members of the group having >10 acres	Source of water	No. of farm animals	Remarks

3.1. Total number of farmers under the ICS :

Total area under the ICS :

No. of farmers with organic area more than 10 acres :

No. of internal inspectors :

3.2. Have you applied for organic \Box Yes \Box No

certification earlier?

If yes, furnish the details along with the application form

- 1. Name of the Certification agency :
- 2. Year in which certification was applied for :
- 3. Result of certification (please enclose copy of the certificate and farmers list).
- 4. Please enclose details on non compliances found, if any.

Please enclose details on the corrective actions taken by you to correct non compliances with evidence.

3.3. Do you allow subcontract for activities like processing, storage, transport etc.

□ Yes □ No

(If yes, please give details with contact information.Use additional sheets if needed)

4.1. Route map of organic production area with distance from ICS Office (Attach Separately).

4.2. Distance of your ICS Office from

Coimbatore -	Madurai	-
Trichirappalli -	Vellore	_

5. Field map of organic area with surrounding information / activities

6. Information about Agriculture

Crop season

			Details of area and animals				
Farmer Code/	Code/ of Eather/ (In	of	Area	Name of the crops grown and area (in acres)		Animal husbandry in nos.	
SI. No.		Organic	In conversion	Organic	In conversion		

Note: If needed a separate list may be enclosed.

7. Give details of contamination risk, if noticed.

8. Please send the following documents for verification along with the application

- Legal documents of ICS (e.g, registration of ICS)
- ICS Manual
- Organizational structure of the ICS

Declaration of the responsible person of ICS:

I.....responsible person for the group..... declares that -

- The information given in this application form is true and accurate and affirms the commitment and responsibility to know the respective organic standards.
- If major changes/deviations in the given information occur, it will be communicated to TNOCD immediately. I agree not to release any products resulting from these changes until the certification body has notified our group accordingly.
- If the organic production and/or processing and trade regulations are violated, I agree to be sanctioned according to the TNOCD Sanction procedures.
- I agree to keep a record of complaints about group activities, take appropriate action with respect to such complaints and document the action taken.

Place :	Signature:
Date :	Name & Designation:

.....

For Office Use Only

Date of Receipt:	Fee Remittance Details
Date of Verification:	Amount :
Person Verified:	Bill No. & Date :
Inspection On:	
Registration Number Allotted:	TNO (G)07-08
OCI ALLOTED:	

Quality Manager, TNOCD, Coimbatore-641 013