

	<b>Qmark International Certifications Pvt. Ltd.</b>  <b>APPLICATION</b> <b>GROWER GROUP (ICS)</b>	Doc. No.	QCS-02
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### Application for Grower Group Certification (ICS)

(Please fill the following information carefully and provide complete details for review of your application and for checking the eligibility of the ICS for certification according to the NPOP standards)

<b>1) Complete Name and address of the Operator / Mandator (As per the ICS Group Registration Letter):</b>	
a) Complete Address of the Operator/Mandator:    <div style="text-align: right;">State PIN CODE</div>	
b) Communication address of ICS / Grower Group / Processing Unit:    <div style="text-align: right;">State: PIN CODE</div>	
c) Approximate distance and travel time required from our office to your farm (Attach Route Map):	
d) Means of transport available:	
e) Brief Profile of the Farmer Group/Mandators and describe whether you are aware of National Standard for Organic Products as per the NPOP?	

Application-Grower Group	Issue Date	Prepared:	Approved:
	26-08-2022	Quality Manager	CEO



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**2. General Information about the ICS of the Farmer Group:**

**2.1. Name of the Farmers Group (ICS)**

2.2. Physical Address of the Farmer Group/ICS (with PIN code)

Pin Code  
STATE

2.3. Registered Mobile Number

Alternate contact Numbers

2.4. Registered Email ID of the ICS Group/Mandator

**2.5. Contact Person Details**

Name of ICS Manager

Mobile No.:

Email ID:

- Your source of information on organic farming
- what is your motivation for practicing the organic farming

Please provide details on organic methods followed, practices or relevant trainings attended earlier (Attach documents if available)

**2.6. Grower Group/Mandator- Organization Information**

Managed By

Self

Contract / Mandator / Processor / Exporter

Project Funded By

Service provider/Mandator / Processor / Exporter

Self

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**2.7. Mandator details (if Group is managed by Contract)**

(Mandator is the person who is managing the project i.e., it can be NGO, Government Department, Service Provider, Processor/Trader /Exporter associated with the ICS)

Name of the Mandator

Type of the Mandator

Processor/Trader/Wholesaler/Others

Mob/Phone:

E-mail:

Brief Profile of the Mandator:

**3. Group (ICS) Certification Status**

3.1 Group to be certified according to

NPOP Standards

EU standards

3.2 Did you apply for certification earlier?

Yes

If yes, mention the name of the CB and attach a copy of the last certificate and its related annexes

No

3.3 Have you ever been refused certification earlier:

Yes

If yes, reasons for refusal for certification:

No

3.4 Are you aware of the relevant organic standards and do you have a copy:

Yes

No

3.5 No. of Registered Farmers in the Group

3.6 Total Area (Ha.) under Conversion to Organic / Organic cultivation

3.7 Area (ha.) under non-Organic (conventional) cultivation

3.8 Total Area (ha) of the Group  
(Organic + non-organic)

3.9 Total No. of farmers with organic area of above 4 Ha

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3.10 Total Number of Villages covered under ICS	
<b>3.11 Separation from Non-Organic Farms</b> Please describe precisely measures taken to guarantee a constant separation of “ <b>in conversion</b> ”, “ <b>organic</b> ” and conventional products during production, storage, and export. (Show in annexure)	
<b>3.12 Organic products/Crops</b> Please list all organic products you are producing and the label with which you want to market the product. ( <b>Name and Type of Crops with conversion status</b> )	
<b>4</b> Does the group undertake any on-farm processing activity in the farm? / At ICS level or outside your organization?	<b>Please explain and attach necessary documents</b>
<b>5</b> How are you presently labeling, packing, and marketing your farmer group products?	
<b>6</b> How are the farm activities of ICS group members documented and traceability maintained?	
<b>7</b> How are you storing & transporting the products from your ICS location?	
<b>8</b> Please attach organization chart with the list of staff with details	
<b>9 List documents to be submitted along with application</b>	
1. Photo of ICS Contact Person	2. Aadhar of ICS Contact Person
3. PAN card of Group/Mandator	4. Farmer list and Project Map /

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	ICS Cluster Map
5. Legal Registration Copy of Group	6. Other similar records (Please specify)

**Any other relevant information:**

**DECLARATION:**

**Declaration of the ICS manager or Operator:**

The signatory declares that –

- He/she assumes the responsibility in understanding the contents of this application form provided in English and henceforth approves the certification body in adopting the above language in all of its correspondence and the inspection and certification related documents.
- The information given in this application form is true and accurate. He/she affirms the commitment and responsibility to know the respective organic standards and its requirements.
- If major changes/deviations in the given information occur, it will be communicated to your Certification Body immediately. He/she agrees not to release any products resulting from these changes until the certification body has notified him/her accordingly.
- If the organic production and/or processing and trade regulations are violated, he/she agrees to be sanctioned according to the Scale of Sanctions of Qmark International Certifications Pvt. Ltd. as per the sanction catalogue.
- He/she agrees to keep a record of complaints about his/ her activities, take appropriate action with respect to such complaints and document the action taken.
- The ICS and internal standards of our group are ready and can be inspected at any time.

We also hereby declare that we shall carry out the crop production operations in our group (ICS) according to the NPOP standards. We agree to comply with the requirements for certification and to provide any information needed for evaluation and certification 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 the office of Qmark International Certifications Pvt. Ltd.

Date:	Name and Signature of the ICS Manager / Operator
Place:	

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