

	Qmark International Certifications Pvt. Ltd.	Doc. No.	QCS-22
		Rev. No.	01
	OFF FARM INPUT APPROVAL FORM	Issue No.	01
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OFF FARM INPUT PERMISSION FORM

1. Operation details:

Name:		
Address:	Place:	
Phone/ Fax:	Pin code:	Labels:

2. Input to be Approved:

Input (Composition Type, Name)	Origin of Input (Address of Supplier)	Quantity to be used	Period of Application

3. Area specification:

Field (Number, Name)	Crop	Fertilizer (Name, Type)	Application in kg/ha	Time of application

Applications- Off-farm input	Issue Date	Prepared:	Approved:
	26-08-2022	Quality Manager	CEO

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4. Confirmation

The undersigned herewith confirm to the best of his knowledge that the above given information is true:	
Consultant:	Operator:
Place, Date, Signature	Place, Date, Signature:

6. Recommendation of the inspector:

Consultant: Recommendations (use additional sheets if necessary)	Label Scheme:
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7. Decision (to be filled in by inspection and certification body)

Request receivedDecision to operator.....Decision to Inspector.....
Request approved under the following conditions: Request not approved: Request forwarded to the competent authority:
Signature of competent authority
Place, Date, Signature, Seal

Applications- Off-farm input	Issue Date	Prepared:	Approved:
	26-08-2022	Quality Manager	CEO