

DOC No. - 02 / REVISION-02	CGCERT OPERATING MANUAL
CGCERT/ OM Part II- FORMS/ SECTION A/ APPLICATIONS	Application Form for Off-farm Input Permission (Annexure-05- (B))
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CHHATTISGARH CERTIFICATION SOCIETY, INDIA FOR FORESTRY & AGRICULTURE (CGCERT)

S.F.R.T.I. Campus, Near Vidhan Sabha, Zero Point, Baloda Bazar Road,
Post – Mandhar, Raipur, C.G. 493111, Phone/Fax : 0771-2283249
Website : www.cgcert.com E-mail: cgcert@gmail.com

Annexure- 05 (B) Application Form for Off- Farm Input Permission

Application Issue No. :: _____ Issue Date:: ____/____/____ Validity of application: 3 months from the date of issue
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1. Name of the operator -----
2. Father's Name -----
3. Operators registration no. under CGCERT-----
4. Address:-----

Telephone No.-----Email address-----
Fax -----
5. Total land holdings-----
6. Area under organic farming-----
7. Area under conventional farming-----
8. Crops cultivated under organic farm-----

9. Necessity for off- farm input:

Category	Please tick(√)
For soil fertility/ soil conditioner	
For crop protection	(Bio-pesticide/ Insecticide/ Pesticide/ Weedicide)
For plant strengthener	
For growth regulator	

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10. Off- farm input details:

Name of the off-farm input	
Brand name	
Product ingredients / composition	
Product status	Organic/ Non- organic/Herbal (Please tick)
Supplier details: Name & Address of the supplier	

11. Rate of application/ dose of off-farm input:

Name of the product/ off-farm input	Name of the crop	Area (in hac.)	Plot/ Field ID	Rate of application of off- farm input	Time of application

12. Is the off-farm input required for soil nutrient deficiency?

YES NO

13. If yes have the farmer any soil testing report from any laboratory for this purpose?

YES NO

(If yes, then please submit the copy of soil testing report along with the application)

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14. Enclosures:

Details	Please tick(√)
Label of Off- farm input requested for permission	
Product sample	
Soil testing report	

Declaration - I hereby declare that all the above information given in this form is true.

Operator's Signature

Date: _____