

DOC No. - 02 / REVISION-02	CGCERT OPERATING MANUAL
CGCERT/ OM Part II- FORMS/ SECTION A/ APPLICATIONS	Application Form for NWFP Collectors Group (Annexure-03)
Page 1 of 7	



CHHATTISGARH CERTIFICATION SOCIETY, INDIA FOR FORESTRY & AGRICULTURE (CGCERT)

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Annexure-03 (A) Application Form for NWFP collection under Individual Category

Application Issue No. :: _____ Issue Date:: ____/____/____
Validity of application: 3 months from the date of issue

1. Name of the Operator/ organisation: -----

2. Address of the group: -----

Telephone No. -----Email address-----

Fax -----

3. Details of registration of the organization: -----

(Attach copy)

4. Certification requested as per the standard of:

NPOP NOP EU Regulation 2092/91 Others (Specify)

DOC No. - 02 / REVISION-02	CGCERT OPERATING MANUAL
CGCERT/ OM Part II- FORMS/ SECTION A/ APPLICATIONS	Application Form for NWFP Collectors Group (Annexure-03)
Page 2 of 7	

5. Have you previously been registered for organic certification under any certification body-

Yes No

If yes, please give the following details-

i) Name of certification body -----

ii) Certification licence no. and date-----

6. Name of the responsible person: -----

7. Number of collection Area: -----

(Attach extra sheet if required)

8. Total forest area under organic certification-----

9. Details of the forest area-

a. District -----

b. Forest division-----

c. Forest range-----

d. Development block-----

e. Forest block-----

f. Compartment no.-----

10. What type of operations performed? (Please tick whichever is applicable.)

◆Collection ◆Processing ◆Trading ◆All

11. Do you have permission for collection of NWFP species from the forest

department.

Yes No

If yes, attach the copy of permission letter.

DOC No. - 02 / REVISION-02	CGCERT OPERATING MANUAL
CGCERT/ OM Part II- FORMS/ SECTION A/ APPLICATIONS	Application Form for NWFP Collectors Group (Annexure-03)
Page 3 of 7	

12. Collection species for which certification is requested-

S.N. (1)	Local name of the species (2)	Botanical name of the species (3)	Plant part collected (Whole plant/ root/rhizome/ fruit/ leaves) (4)	Collection season (5)	Collection site / village (6)	Details of forest area i.e. forest Block/compartament no. (7)

(* Please attach separate sheet if required.)

13. i) Harvesting practices -
 Manually Mechanically
ii) Harvesting method
 Non-destructive Destructive

14.a. Details of On-farm storage Facilities for organic crops/ produce- (Location, ID no. if any)

DOC No. - 02 / REVISION-02	CGCERT OPERATING MANUAL
CGCERT/ OM Part II- FORMS/ SECTION A/ APPLICATIONS	Application Form for NWFP Collectors Group (Annexure-03)
Page 4 of 7	

15. b. Details of Off-farm storage Facilities for organic crops/ produce- (Location, ID no. if any)

16. Does the group have any common off-farm storage unit?

Yes No

If yes give the godown details-

17. Does the group store certified organic and conventional NWFP raw produce in the same godown?

Yes No

If yes, please explain how does group prevent commingling between certified organic and non-certified NWFP produce counterpart?

18. Give details of primary/secondary processing method:-

a. Type of processing

Manual Mechanical

b. Processing details:-

SN.	Name of the species	Details of Primary/secondary processing method

DOC No. - 02 / REVISION-02	CGCERT OPERATING MANUAL
CGCERT/ OM Part II- FORMS/ SECTION A/ APPLICATIONS	Application Form for NWFP Collectors Group (Annexure-03)
Page 5 of 7	

19. Does the group process certified organic /and conventional NWFP produce in the same processing unit?

Yes No

If yes, how does the group prevent commingling between certified organic and non-certified NWFP produce counterpart?

20. Does the group store finished certified organic and non-certified NWFP products in the same go down?

Yes No

If yes, how does the group prevent commingling between finished certified organic and non-certified NWFP product counterpart?

21. a. Source of contamination:-

21. b. Prevention of contamination:-

DOC No. - 02 / REVISION-02	CGCERT OPERATING MANUAL
CGCERT/ OM Part II- FORMS/ SECTION A/ APPLICATIONS	Application Form for NWFP Collectors Group (Annexure-03)
Page 6 of 7	

22. How does group clean processing and storage unit?

Natural means Chemical means Others (Specify)

Name of the product used

23. How does the group maintain product tractability system?

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24. What type of material is used for packaging?

PVC Food grade

Give details of actual packing material used
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25. Disposal of the produce (tick whichever applicable)-

- i. Domestic selling
 - To retailer
 - To wholesaler
 - Direct to consumer
 - Contracted
- ii. Export

Note: Kindly enclose following details along with the application.

1. Last three years collection history
2. Annual plan for collection season of respective species, method of collection, Estimated collection quantity.
3. Map indicating the collection area, route, and species details.

DOC No. - 02 / REVISION-02	CGCERT OPERATING MANUAL
CGCERT/ OM Part II- FORMS/ SECTION A/ APPLICATIONS	Application Form for NWFP Collectors Group (Annexure-03)
Page 7 of 7	

4. Permission letter from the concerned forest department for collection of respective species.

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

Signature of ICS Manager

Date: