



AGROCERT is an inspection and certification unit of Rural Outreach Pvt Ltd (ROPL)

**Rural Outreach Pvt Ltd. – AGROCERT. Addr.:215, B Wing, Naurang House, KG Road, New Delhi – 110001 Ph:011- 41501465 Fax:011-23353406
Mobile: +91-78279 47370 Mail Us: rahul.singh@ruraloutreach.in
Visit Us: www.agrocert.in**

IndG.A.P. APPLICATION FORM – OPTION 2 (PRODUCER GROUP)

Name of PRODUCER GROUP/COMPANY:

Contact Person:

GPRODCUER GROUP/ Company Address:

**Arrangement with
Exporter (if any) :**

Contact Numbers: STD code:

Office:

Cell:

Fax :

Email:

No of PRODUCER GROUP/ Company Grower Members :

Area in Hectares :

Crops Grown :

**Scheme for which application
is filled :**

No of Employees at PRODUCER GROUP/ Company :

Dept wise :



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1. Whether Registered Exporter with APEDA: Yes/No

2. Which country the produce is intended to be traded:

3. Produce harvest, pre & post farm handling information:

1) Produce Harvest:

a) Is produce harvesting done by the applicant? Yes No

b) If No, give the name and details of person responsible for harvest:

2) Produce Handling and Final Packing:

a) Is Post Farm Produce Handled at pack house within the farm? Yes No

b) If no, give the name and details of person responsible for produce final handling;

c) Name and address of the pack house where produce finally packed:

d) Is the external produce handling facility certified against Organic/GLOBALG.A.P./FSMS /QMS/any other systems?

Yes No

e) If Yes, give the following details:

Certificate No. _____

Date of Issue: _____

Valid up to: _____



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Certification Body: _____

4. The following details are to be submitted by the applicant and which would also have to be presented by the applicant (Producer Group/Organization) to the AGROCERT:

S. No.	Items	Details
1.	Name of legal entity/Individual:	
2.	Type of entity - Individual Farmer/Producer Group/Farmer Cooperatives/ SHG /Processors/Aggregators/Retailers/Company/Trust/Society/Others	
3.	Details of members of group/company:	
4.	Number and type of crops cultivated:	
5.	Nature of Crop (Annual/Perennial):	
6.	Lifecycle (1/2/3 Years):	
7.	Area under crop/cluster:	
8.	Month of Sowing:	
9.	Month of Harvest:	
10.	Number of producers:	
11.	Minimum Volumes Collected:	



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12.	Geographical Locations of cultivation (Link of Google Maps):	
13.	Existing processes/systems/documentation in place:	
14.	Trading and commercial details:	
15.	Buyers/Market to which produce forwarded:	
16.	Detail of the Technical Staff:	
17.	Need to participate in the project:	
18.	Any other relevant information:	



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I/WE understand the Terms and condition given or described by AGROCERT and declares that:

General declaration: The applicant (Producer/Producer Group) hereby undertakes to comply with all the requirements of IndG.A.P. certification as mentioned below:

1. I/We agree to follow the requirements established in IndG.A.P. General Regulation.
2. I/We agree to pay IndG.A.P. registration fees to AGROCERT.
3. I/We agree to assign to ICFA-AGROCERT the right to register my company information on IndG.A.P. database.
4. I/We agree for publication of contact data to public.
5. I/We agree for publication of contact data to all IndG.A.P. members.
6. The information given in this application form is true and accurate. I/We affirm the commitment and responsibility to know the respective IndG.A.P. standard.
7. If major changes/deviations in the given information occur, it will be communicated to AGROCERT immediately. I/We agree not to release any products resulting from these changes until the certification body has notified me accordingly.
8. If the production and/or processing and trade regulations are violated, I/We agree to be sanctioned according to the AGROCERT Scale of Sanctions
9. I/We agree to keep a record of complaints about activities, take appropriate action with respect to such complaints and document the action taken and the same will also be shared with certification body.
10. If the certificate will remain operative, I/We hereby undertake to abide by all the terms and conditions of the certificate. In the event of the certificate being suspended or cancelled, I/We also undertake to cease with immediate effect to use all the facilities to us in respect of the certificate and return the certificate.
11. I/We agree to extend to the AGROCERT all reasonable facilities at my/our command and I/We also agree to pay all expenses of the said enquiry, as and when required by the AGROCERT.
12. To be responsible and authorized for the production and management of the crops/farm against IndG.A.P. certification scheme requirements.
13. To be familiar with the IndG.A.P. requirements that have been published on the website of QCI (<https://www.qcin.org/>) or AGROCERT (<https://www.agrocert.in>).
14. To be familiar with the requirement to have evidence and records available as specified in the relevant to the INDG.A.P. certification scheme.
15. To comply with any additional requirements as may be stipulated or required by AGROCERT based on the IndG.A.P. scheme requirements/project requirements being assessed.
16. The applicant (Producers/Producer Groups) is responsible for the product liability, if any arises, in case of pesticide residuals exceeding MRLs or indicates forbidden chemical usage or any other factors.
17. Upon suspension/withdrawal of its certification, discontinue use of all advertising material and return original copy of certificate as required by AGROCERT.
18. Maintain all records of complaints relating to products compliance and to take appropriate actions and to make available to AGROCERT, when requested, the records of all complaints and corrective actions taken.



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19. To use certification only to indicate as being in conformity with the IndG.A.P. scheme being registered.
20. Agree to follow the requirements of IndG.A.P. rules while referring to its certification program in its communications via media etc.
21. By signing the application, the applicant is agreeing the terms and conditions and enters into a contractual agreement with AGROCERT to carryout assessment and registration services.

Note: Attach the copies of your land registration document (Land record/Khasra number, passbook, etc.)

Affirmation: I affirm that the information provided herein is true and correct to the best of my knowledge, and that I am duly authorized to sign this application. Should our company decide to pursue certification, I/We agree to supply any information that is deemed necessary for the audit of the operation and / or product to be certified, as well as to comply with all relevant IndG.A.P. standards.

.....
Name

.....
Designation

.....
(Signature)

.....
Date

.....
Place

For AGROCERT use only

Sector or option of certification

Application received date

Application review date

Name of application reviewer/Approved by

**Signature of
Reviewer/Approved
by**

Note:



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Annexure

(To be filled for all the members of the group)

Name of the Farmer Group/ Company:

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S. No	Name of the Grower Member	Crop Name	Exact Area covered (Acres/Ha)	Physical Location of Farm (Suv.No, Village, Tal, Dist, State etc)

Note: Please add rows as per the strength of the members.

Place:

Signature of Grower Group/Company:

Date:

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