

Doc. No: PD 05 Rev. No:00 Rev. Date:00		Prepared by: QTM Approved by: Dir. No. of Pages: 2
<b>INITIAL ENQUIRY FORM</b>		

**FOR INSPECTION & CERTIFICATION UNDER NPOP FOR CROP PRODUCTION**

1.	<b>CONTACT DETAILS</b>	
A	Name of company/Farm/Farmer/Producer/ Mandator :	
B	Address:	
C	Responsible Person Name:(Position/Title)	
	Operation Name(Grower Group/ICS):-	
E	Operation Area Address	
F	Address for Contact:	
	Contact Number Telephone No. Mobile-	Fax:- email-
2.	<b>MANDATORY INFORMATION FOR INSPECTION &amp; CERTIFICATION</b>	
A	Your Organization Currently Certified Yes <span style="margin-left: 200px;">No</span> If Yes mention certification body name and scope certificate number	
B	Proposed Farm is currently certified Yes <span style="margin-left: 200px;">No</span> If Yes mention certification body name and scope certificate number	

C	Certification required under which following standards	
	NPOP	If others mention here
	Certification required under following Scope of Certification	
	Crop Production	If others mention here
E	For organic Certification. You are under organic management for how long (Please tick)	
	First year	One Year
	Two Year	Morethan2years
F	APPLICANT(INDIVIDUAL) Total Land Holding (Individual)	Land Offered for the Organic Certification.
	APPLICANT(GROWERGROUP/ICS) No. of Farmers in Group =	Total land holding of Group
	No of Farmers having land holding more than 4 Hectares.	Total Land Holding of Farmers having land holding more than 4 Hectares.
	Are you doing any processing :Yes /No If Yes, describe processing on additional sheet	If Yes, On Farm / Off Farm (In case of off farm processing please attach a brief detail of location & processing activity)

Name and Sign of Authorized Responsible Person

APPROVED BY ; DIRECTOR