BUREAU VERITAS (INDIA) PRIVATE LIMITED

APPLICATION FOR CERTIFICATION OF INPUT APPROVAL

NPOP

BUREAU VERITAS (INDIA) PVT. LTD.

"72 Business Park, Ground Floor, Marol Industrial Area, MIDC Cross Road 'C' Andheri (East), Mumbai - 400 093, Maharashtra, India

Direct: +91 22 6274 2932

Email: kaushik.sengupta@bureauveritas.com

Website: www.bureauveritas.co.in

BEFORE WE CAN PREPARE A PROPOSAL WE NEED SPECIFIC INFORMATION ABOUT YOUR ORGANISATION, SO IF YOU WILL PLEASE COMPLETE THE APPLICATION FORM AND RETURN IT TO THE ADDRESS SHOWN ON THE ACCOMPANYING LETTER, WE WILL THEN SUBMIT A PROPOSAL TAILORED EXACTLY TO YOUR NEEDS. ALL INFORMATION SUPPLIED WILL BE TREATED WITH STRICT CONFIDENCE.
YOUR APPLICATION DOES NOT COMMIT YOU TO USING OUR SERVICES IN ANY WAY, AND NO APPLICATION FEE WILL BE CHARGED.
PROVIDED OUR PROPOSAL IS ACCEPTABLE TO YOU, WE CURRENTLY REQUIRE A LEAD TIME OF APPROXIMATELY FOUR WEEKS TO CARRY OUT OUR AUDIT (FROM RECEIPT OF YOUR SIGNED "ACCEPTANCE OF QUOTATION").
FOR A DETAILED EXPLANATION OF HOW BVQI AUDIT AND CERTIFICATION WORKS IN PRACTICE, PLEASE CONTACT OUR LOCAL OFFICE.
WE LOOK FORWARD TO HELPING YOU OBTAIN THIS IMPORTANT "ORGANIC" CERTIFICATION AND WORKING IN PARTNERSHIP WITH YOUR ORGANISATION.

NAME OF UNIT/PROJECT				
CORRESPONDANCE ADDRESS				
	VILLAGE:		**TALUK:**	
	CITY:		**STATE:**	
	DISTRICT:		**PIN CODE:**	
PROJECT OWNER	**NAME**		**PAN CARD NO:**	
	CONTACT NO.:		**AADHAR NO.:**	
NAME PROJECT MANAGER	**NAME**		**DESIGNATION:**	
	CONTACT NO.:		**EMAIL ID:**	
UNIT ADDRESS				
	TALUK:		**STATE:**	
	DISTRICT:		**PIN CODE:**	
COMPANY PAN CARD NO.				
NAME ON COMPANY PAN CARD				
NUMBER OF PRODUCTS APPLIED			**CERTIFICATION SCOPE:**	
LEGAL REGISTRATION/LICENSE OF COMPANY			**Validity Start From**	
REGISTRATION/LICENSE NO.			**Validity End To**	
Additional Certification (ISO 22000/ISO 9000/HACCP/OTHER IF ANY)			**Installed Capacity (MT / Day)**	
Approved/Compliance under Bio fertilizer / Insecticide Act ?			**Estimated Production (in MT)**	

HAVE YOU RECEIVED ANY NOTIFICATION OF NONCOMPLIANCE OR DENIAL OF CERTIFICATION? NO /NOT APPLICABLE (E.G. FIRST-TIME APPLICATION)	
YES PLEASE ATTACH A COPY OF THESE, WITH A DESCRIPTION OF ACTIONS TAKEN TO CORRECT NON-COMPLIANCES, INCLUDING EVIDENCE OF CORRECTION. 0 ATTACHED ARE THE NOTICE, DESCRIPTIONS AND EVIDENCE OF CORRECTION.	
IS THE CONVENTIONAL(CHEMICAL) PRODUCTS PROCESS IN THE SAME UNIT (PARALLEL/SPLIT)? EQUIPMENT USED ARE DEDICATED TO ORGANIC PRODUCTION?	
ARE THE AUTHORISED PERSON AND STAFF AWARE OF ORGANIC CERTIFICATION REQUIREMENTS FOR INPUT APPROVAL.	

ARE THE RAW MATERIAL USED FOR PRODUCTION ALLOWED AS PER NPOP STANDARDS? PLEASE SUBMIT PROCESS FLOW CHART OF EACH PRODUCT WITH THIS APPLICATION.	
IS THE RECORD SYSTEM DEVELOPED IS SUCH WAY TO TRACEABILITY OF PRODUCT POSSIBLE?(INWARD/PROCESS/OUTWARD/BALANCE STOCK/INVOICE/TRANSPORT)	
DESCRIBE ABOUT PEST MANAGEMENT AND CLEANING MANAGEMENT IN THE UNIT PREMISES. ARE THE CLEANING, PEST MANAGEMENT AND COMPLAINT RECORDS MAINTAINED?	
PROCEDURE FOR PACKAGING , LABELING, STORAGE & TRANSPORT AVAILABLE?	
ARE ANY OF THE STORAGE AND TRANSPORT OPERATIONS OUTSOURCED: (IF YES PLEASE MENTION THE NAME AND ADDRESS OF THE COMPANY)	

MANDATORY DOCUMENTS NEEDS TO BE ATTACH	
DOCUMENT NAME	**SUBMITTED (YES/NO/NA)**
INGREDIENT DESCRIPTION SHEET	
LEGAL COMPANY REGISTRATION DOCUMENT/MANUFACTURING LICENSE	
PAN CARD- OWNER	
ADHAR CARD- OWNER	
PHOTO- OWNER	
PROCESS FLOW CHART- ALL PRODUCTS	
OTHER DOCUMENTS (IF ANY)	

NOTE
1. PERSON/POSITION WILL BE RESPONSIBLE FOR ALL CORRESPONDENCE, AUDIT SCHEDULING AND PAYMENT LIABILITIES WITH BUREAU VERITAS.
2. THIS APPLICATION MUST BE ACCOMPANIED BY A COMPLETED ORGANIC PRODUCTION AND HANDLING PLAN THAT INCLUDES ALL PRODUCTION AND HANDLING ACTIVITIES AND FOR WHICH YOU ARE SEEKING CERTIFICATION. (ATTACHED)
3. OPERATOR SHOULD AWARE OF NATIONAL STANDARD FOR ORGANIC PRODUCTS (NSOP)

AFFIRMATION

THIS IS TO STATE THAT ALL ABOVE INFORMATION GIVEN IS CORRECT AND I AM AUTHORIZED TO SIGN APPLICATION AND RESPONSIBLE FOR ALL THE ACTIVITIES SUCH AS SCHEDULING AUDIT, SIGNING MINUTES OF MEETING AND PAYMENTS TOWARDS THE CERTIFICATION ON BEHALF OF THE ORGANIZATION.

CLIENT NAME:		
PLACE		
DATE		**SIGN & SEAL**

BV/ORG/APP/NOC/001/25102023	**DATE: 25/10/2023**	**PREPARED BY - SCHEME MANAGER** **APPROVED BY - Head – Food Business**