



Application form for Commercial Organic Inputs Approval

Doc No: 3 / Template No: 05

Sub: Certification templates

Ref: UHFCRC- Hygienic World (Section 3B, 11.1)

Rev no:01

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S.No	Particulars																		
1	Name of the company/Organization :																		
2	Name of the responsible person :																		
3	Address for communication :																		
4	Telephone No. :																		
5	Email Id :																		
6	Fax :																		
7	Enclose a copy of the Company profile :																		
8	Number of products to be approved :																		
9	List all the Inputs for which the approval is required : <table style="margin-left: 40px;"> <tr> <td>a)</td> <td>b)</td> </tr> <tr> <td>c)</td> <td>d)</td> </tr> <tr> <td>e)</td> <td>f)</td> </tr> </table>	a)	b)	c)	d)	e)	f)												
a)	b)																		
c)	d)																		
e)	f)																		
10.	Name the origin of these Inputs : <table border="1" style="margin-left: 40px;"> <thead> <tr> <th>S.No</th> <th>Inputs</th> <th>Plant Source</th> <th>Animal Source</th> <th>Microbial</th> <th>Mineral</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	S.No	Inputs	Plant Source	Animal Source	Microbial	Mineral												
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11	Tick the type of activities involved : 1. Manufacturing <input type="checkbox"/> 2. Repacking & labeling <input type="checkbox"/> 3. Marketing <input type="checkbox"/>
12	Give the list of all ingredients used for each product with their technical names & ratios: 1) 2) 3) 4)
13	1) Capacity of the Unit : 2) Turn over of the Unit :
14	Have the inputs been Approved by any other Certification Body earlier : <input type="checkbox"/> <input type="checkbox"/> Yes No
15	Give the list of the Registrations available :- ➤ Hygienic registration available:- Yes <input type="checkbox"/> No <input type="checkbox"/> ➤ Is ISO Certification available for Quality Management System :Yes <input type="checkbox"/> No <input type="checkbox"/> ➤ Mention any other registration:
16.	Are there any Non Organic Inputs being produced : Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, is there a separate storage area for these Inputs to prevent co-mingling: Yes <input type="checkbox"/> No <input type="checkbox"/>
17.	Are you aware of any Organic Standards : Yes <input type="checkbox"/> No <input type="checkbox"/>
18.	Give a brief description of your processing activities : (Enclose a Flowchart)

Registration Form to Commercial Organic Inputs Approval	01	15 th Feb.' 2017	Quality Manager	Managing Director
Certification Templates	Revision	Date	Issued	Approved



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19	Are any activities subcontracted to any other Company/ Person : Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, name the subcontracted Company/Person & also enclose the Subcontract :
20	Give a brief note on Sanitation procedures adopted & list the materials used in Sanitation: (Annexe)
21	Where do you market your Inputs produced (a)Local (b) National (c) International

Declaration by the Applicant:

I confirm that all information given in this form is true

I shall provide UHFCRC/Hygienic World with any required information or products at any time so as to check compliance with the required standards.

Date:

Signature of the Operator

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