



**Tamil Nadu Organic Certification Department
(TNOCD)**

FORM – I A1

**TAMILNADU ORGANIC CERTIFICATION DEPARTMENT
(TNOCD)
APPLICATION FORM FOR REGISTRATION OF ORGANIC FARM UNIT**

REGISTRATION NO: TNO (F).....

1. Name & Address of the
Organic Producer
Phone No. /Fax No. (e-mail)

Location of the Farm

2. Certification Requirement
- | | |
|--|--|
| <input type="checkbox"/> Crop Production | <input type="checkbox"/> Honey |
| <input type="checkbox"/> Wild Collection | <input type="checkbox"/> Dairy and other
Livestock Products |

3. Certification Requirement under which standard?
- NPOP NOP JAS EU
- Others if any please specify

4. Total area of (operation)Farm (in ha) :

Survey No:
MAP

Attached

5. Total No. of Plots/segments



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6. Cropping system followed
 - i) Name of the Crops
 - ii) Extent of each crop grown
 - iii) Rotation followed
7. Inputs applied to previous crops
8. Buffer zone details
9. Boundary of the farm
10. Plant Protection measures followed
11. Source of manure
12. Source of seed
13. Soil type
14. Specify, if soil problems any
15. Weed Management Practices followed



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16. Source of Irrigation

- a. Well
- b. Canal
- c. Tank
- d. Rain fed

17. Contamination risk if any

18. Equipment details

Hired

Own

- a. Ploughing
- b. Weeding
- c. Harvesting
- d. Thrashing

19. Drying yard facility

20. Storage facility

21. Animal Husbandry details

22. Other details

23. Details of fee Remittance:

Cash / Demand Draft

Bank

Date



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DECLARATION

I declare that I shall abide by the rules and regulation of TNOCD and carry out the Organic Production according to the norms prescribed by TNOCD

Date:

Signature of farmer.

Enclosures:

1. Farm general details
2. Field Map
3. Copy of Soil test analysis
4. Copy of water test analysis
5. Annual Plan
6. TNOCD Agreement
7. Land document (Computer chitta)
8. Pan card copy
9. AADHAR card copy
10. Passport size photo -2.

FOR OFFICE USE ONLY

Date of receipt

Registration No. Allotted : TNO(F)

Allotted to OCI:

Tentative Inspection Date:

Fees remitted details:

Bill No

date

Amount

Verified by :

Signature of the
Quality Manager