

Tamil Nadu Organic Certification Department (TNOCD)

FORM – I A2

TAMILNADU ORGANIC CERTIFICATION DEPARTMENT (TNOCD)

| | APPLICATION FORM FOR REGISTRATION OF ORGANIC GROUP | | | | |
|----|--|---|--------------------------------|--|--|
| | REGISTRATIO | N NO: TNO(G) | | | |
| 1. | Name & Address of Group/Unit/Society. | | | | |
| 2. | Name of contact Persons & F | Ph: fax No. | | | |
| 3. | Certification Requirement | □ Crop Production□ Wild Collection | ☐ Honey ☐Dairy and | | |
| | | | other Livestock Products | | |
| 4. | Certification Requirement under which standard? | □ NPOP □ NOP | □ JAS □EU | | |
| | | ☐ Others if any please specify | | | |



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5. Brief information about the group

| Name of the location | Number of members | Total Area of the Group (ac.) | Total Area of the Members of the Group having >10.00 ac.) | Source of water | Farm animal Nos. | Remarks |
|----------------------------|-------------------|---|--|--------------------|------------------------|---------|
| | | | | | | |

6. Route map of organic production area with distance.

7. Field map of organic area with surrounding information / activities



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8. Details of members of Group

| Farmer code/ | Name and Address of the Farmer | Area under Organic management (in Acres) | | | Details of |
|--------------|-----------------------------------|--|----------------|-------|------------|
| SI.No. | | Own Land | Leased Land | Total | livestock |
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Note: List may be enclosed.

7. Contamination Risk Noticed.



Tamil Nadu Organic Certification Department (TNOCD) <u>DECLARATION</u>

I/we declare that I/we shall abide by the rules and regulation of TNOCD and carry out the Organic Production as norms prescribed by TNOCD. All the above information is correct.

| Date : | • | the Responsible ne Organic Group. | | | |
|--|--|--------------------------------------|--|--|--|
| Internal Quality System Mai Internal General Standards TNOCD Agreement | Field Location Map of the Group Internal Quality System Manual Internal General Standards Manual | | | | |
| <u>FOR</u> | FOR OFFICE USE ONLY | | | | |
| Date of receipt | Date of receipt | | | | |
| Registration No. Allotted : TNO(G) | | | | | |
| Allotted to OCI: | Allotted to OCI: | | | | |
| Tentative Inspection Date: | Tentative Inspection Date: | | | | |
| Fees remitted details: | | | | | |
| Bill No | date | Amount | | | |
| Verified by: | | | | | |

Signature of the Quality Manager