|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **PARTICULARS** | **APPLICATION REVIEW CHECK** |
| 1. | Name of applicant: |  |
| 2. | Name of the Processing/trading unit : |  |
| 3. | communication address: |  |
| 4. | Physical address of Processing/trading unit |  |
| 5. | Tel .no. :  Alternative Tel. no:  Email Id :  Fax no : |  |
| 6. | What is the processing capacity of the plant/ Capacity of the ware house in MT/day : |  |
| 7. | No of People employed:  Technical Non-Technical  Technical Personnel: |  |
| 8. | Details of the FSSAI license given to the unit : |  |
| 9. | FSAI License number of the unit : |  |
| 10. | Name of the ware house where products are stored :  Own Leased |  |
| 11. | Address of the Ware house : |  |
| 12. | Validity of the license : |  |
| 13. | The handling unit contain both GM and NON-GM products :  Yes No |  |
| 14. | Are there any Subcontracted processing units? If Yes, Provide the physical address of the subcontracted units: |  |
| 15. | Information for subcontracted units:  License number:  Validity of License :  Processing capacity of the subcontracted units in MT/DAY: |  |
| 16. | List the Processed Products/ trading products requested for certification: |  |
| 17. | Are the products single ingredient products or multi ingredient products? |  |
| 18. | Name the Equipments available at the processing unit along with their processing capacity: |  |
| 19. | Are you aware of Non GM standards: Yes ✓ No |  |
| 20. | Have you applied for NON GM certification earlier? Yes No ✓  If yes ,enclose the relevant details:-   * Name of the Certification Body. * Copy of noncompliance notification. * Corrective actions taken with evidence. * If your application is denied notification of denial of certification |  |
| 21. | Quality control Labs:  Internal  Outsourced Testing ✓ |  |
| 22. | Internal Audit  Yes  No  If Yes, who is the authorized person responsible for it? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 23. | Give the list of your Non GM suppliers with their names, product supplied and contact address: | | |  |
| Name of the raw material | Supplier name | Address& contact no |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| 24. | Are using any GM produced substances:  Yes No  If yes give the listof substences and where they are using. |  |
| 25. | The handling unit contain both GM and Non GM system:  Yes No |  |
| 26. | If you have both GM and Non GM handling system do you have separate storage facilities: Yes No |  |
| 27. | What methods are employed to clean your unit : |  |
| 28. | How are pests controlled in your storage area? |  |
| 29. | Do you sub-contract any steps to other companies/individuals Yes No If yes indicate the activity.  a)  b)  c) |  |
| 30. | Is documentation available for all activities like purchases, sales, and stock transfer?  (E.g. Dc’s, Bills)  Yes No |  |
| 31. | Required documents: List of suppliers  1. List of products with process. 2. In case of any Imports Certificate of Inspections |  |
|  | **APPLICATION REVIEWER COMMENTS**   * After Revieweing the application, We have concluded that the Eko-Guarantee can perform the Inspection & Certification of Applicant. * We have identified following staff for the same: * Certifier: * Auditor/ Inspector: |  |

|  |  |
| --- | --- |
| **Conflict of interest(If "YES"- whether resolved; if "Not resolved" - Communication of rejection of application)** |  |
| Nature of conflict |  |
| Whether resolved |
| If not resolved communicate rejection to the client |

|  |  |
| --- | --- |
| **EKO GUARANTEE has prior certification experience or not ( Justification to undertake Certification)** | **Remarks** |
| Has prior certification experience Yes/No |  |
| No prior certification experience - Similar Certification / Expert staff for certification |  |
| Neither of the above - Application Returned/ Reason for taking up the certification assignment |  |
| Scope of work depending upon high risk / medium risk / low risk |  |

(After above points are satisfied, competent Resource Availability will be identified, allocated and communicated)

|  |  |
| --- | --- |
| **Resource Availability and Authorization** | **Competence / Authorization** |
| Competent resource availability |  |
| Qualification |  |
| Audit Experience |  |
| Authorized person for audit/inspection |  |

**Declaration of the responsible person:**

I declare that

* + All on form supplied to Eko-Guarantee is true.
  + I shall be aware of the Non GM standards required for certification.
  + I agree to be sanctioned by Eko-Guarantee, in case I violate the standards.
  + I shall inform Eko-Guarantee of any major changes in the system or change in supplies, products etc., I shall release any of the changed product only after the certification body has notified me.

**Date: Signature of the applicant**