**Initial Enquiry Form**

**Note:**

* **Please fill all the information’s correctly**
* **Your detailed information will help us in quoting most competitive offer to you**

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| **1.** | Odisha State Seed Certification Agency (OSSOPCA) | | | | | | | | | | | | | | |
| 1.1 | Name of company/Farm/Farmer/Producer/Processor: | | | | | | | | | | | | | | |
| 1.1a | Name of the Owner (If not same as 1.1) | | | | | | | | | | | | | | |
| 1.2 | Responsible Person Name:  (Position/Title) | | | | | | | | | | | | | | |
| 1.3 | Operation Location Address: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1.4 | Mailing Address of Operator: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1.5 | Telephone Land Line: | | | | | | | Fax: | | | | | | | |
| Mobile 1: | | | | | | | E-mail | | | | | | | |
| **2.** | **CERTIFICATION INFORMATION** | | | | | | | | | | | | | | |
| 2.1 | Is your farm/organization currently certified? | | | | | | | | | | Yes | | | No | |
| Name of Certification Agency(If Yes): | | | | | | | | | | | | | | |
| 2.2 | Do you propose to certify under following standards? | | | | | | | | | | | | | | |
| 🞎 Food Grade | 🞎 Palm Oil Free | | | 🞎 COA | | | | 🞎 No Antibiotics | 🞎 No Hormones | | | | | 🞎 Other |
| 2.3 | Do you propose to certify following activities?*(Please tick √ appropriate activity)* | | | | | | | | | | | | | | |
| Crop Production (Individual) | | Processing | | | Trading | | | | | | | Wild Harvest | | |
| Crop Production (Grower Group) | | Aquaculture | | | Animal Husbandry/Livestock | | | | | | | Organic Inputs | | |
| *Please give brief description about your operation:* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 2.4 | For organic Certification Only.  How long, you have been under organic management? | | | | | | | | | | | Just Beginning | | | |
| Since last 1 year | | | Since last 2 years | | | Since last 3 years | | | | | Since more than 3 years | | | |
| 2.5 | INDIVIDUAL PRODUCER applicant  *Total Land Holding(For the Individual farmer Certification Only)* | | | | | | *Land Offered for the Organic Certification.* | | | | | | | | |
| 2.6 | *GROUP APPLICANS*  *No. of Farmers in Group* | | | | | | *Total land holding of Group* | | | | | | | | |
| *No of Farmers having land holding more than 4 Hectares.* | | | | | | *Total Land Holding of Farmers having land holding more than 4 Hectares.* | | | | | | | | |
| 2.7 | *Are you doing any processing: Yes/No*  If Yes, describe processing on additional sheet | | | | | | *If Yes, On Farm/Off Farm (In case of off farm processing please attach a brief detail of location & processing activity)* | | | | | | | | |
| 2.8 | *Are you doing any textile and Processing/operations including ISO-22000?* | | | | | | *If yes, state the total number of employees.* | | | | | | | | |
| 2.9 | *For animal husbandry activities.* | | | | | | *State the total no. of animals.* | | | | | | | | |
| 2.10 | *For wild Harvest operations* | | | | | | *Mention the forest area.* | | | | | | | | |
| 2.11 | *For Input Manufacturer* | | | | | | *Mention total number of inputs* | | | | | | | | |
| 2.12 | *What are your anticipated gross organic sales for first year of certification?* | | | | | | | | | | | | | | |

**Signature of Applicant Date :**