



उ० प्र० राज्य जैविक प्रमाणीकरण संस्था
U. P. State Organic Certification Agency
 Government Garden Campus, Cariyappa Marg, Alambagh, Lucknow – 226005
 Contacts – 0522-2451256 Fax No.-0522-245163 / +91-7991202027
 Email [id: - upsoca.org@gmail.com](mailto:upsoca.org@gmail.com) / Website: - upsoca.org

Organic System Plan-Crop Production (Grower Group) - NPOP

SECTION 1 - GENERAL INFORMATION				
1.1	Farm /ICS name (As required in certificate)			
1.2	Name of Grower Group			
1.3	Name of Legal representative of ICS			
1.4	Address	City	State	Telephone No.
1.5	If the Applicant is company then name and address of the Authorized Representative			
1.6	Phone/Fax(with code)/Mobile No			
1.7	E-mail			
1.8	Registration Number			
1.9	TAN No. / PAN No.			
1.10	Direction to reach your project site. Please indicate distance and time required to reach your project from Our Office and also provide a map with location of each farm with identification mark.			
SECTION 2 - FARM PLAN INFORMATION (NPOP 3.1.1)				
2.1.	Total no. of farmers in the group-			
2.2.	Total area in ha of the group-			
2.3	No. of farmers having farm area 3.9 ha./more than 3.9 hac.			
2.4	Farms of the group are under			
	Ist Year Conversion	IInd Year Conversion	IIIrd Year Conversion	Organic Status
2.5	Cropping pattern of ICS			
	a.	Rabi.		
	b.	Zaid		
	c.	Kharif		
	S.No.	Crop Name	Total Area	Projected Yield
				Estimated Yield



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SECTION 3 - SEEDS, SEEDLINGS, PERENNIAL STOCK AND SEED TREATMENTS (NPOP 3.1.5)

Seed/variety/brand	Organic Yes/No	Un-treated Yes/No	Treated Yes/No	Type/ of treatment Fungicide/inoculants

3.1 Is the use of Seed /Seedling is documented, type of documents.

SECTION 4 - SOIL AND CROP FERTILITY MANAGEMENT (NPOP 3.1. .7)

Sub Section 4.1 : Crop and Soil Inputs

4.1.1 All the fertility inputs should be approved before its use?

4.1.2 What are the major components of the Group’s soil and crop fertility plan?

- | | |
|---|--|
| 1. Crop rotation <input type="checkbox"/> | 2. On-farm manure <input type="checkbox"/> |
| 3. Off-farm manure <input type="checkbox"/> | 4. Summer fallow <input type="checkbox"/> |
| 5. Compost <input type="checkbox"/> | 6. Soil inoculants <input type="checkbox"/> |
| 7. Soil Conditioners <input type="checkbox"/> | 8. Green manure plough down <input type="checkbox"/> |
| 9. Other (specify): <input type="checkbox"/> | |

4.1.3 How does the Group monitor the effectiveness of the fertility management program?

- | | |
|---|---|
| 1. Soil testing <input type="checkbox"/> | 2. Comparison of crop yields <input type="checkbox"/> |
| 3. Microbiological testing <input type="checkbox"/> | 4. Other (specify): <input type="checkbox"/> |
| 5. Tissue testing <input type="checkbox"/> | |

4.1.4 For soil fertility, if soil mix ingredients pest & disease control products are used specify as

Product (Brand Name)	Product Type	Reason for use of the Product	Actually used (AU) or Planned

4.1.5 If inputs contains any biological ingredients, Non-GMO affidetivities must be submitted _____.

4.1.6 Does anyone in the OGG burn crop residues?



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Yes No

If yes, please describe what materials are burned and why?

Sub Section 4.2 : Compost use

List all compost ingredients/additives. **Attach labels of any purchased inputs.**

4.2.1 What composting method(s) are used?

- | | |
|---|--|
| 1. In-vessel <input type="checkbox"/> | 2. Vermi-composting <input type="checkbox"/> |
| 3. Other (specify) <input type="checkbox"/> | 4. Pit composting <input type="checkbox"/> |
| 5. Windrows <input type="checkbox"/> | |

4.2.2 What is the initial Carbon: Nitrogen (C:N) ratio?

4.2.3 Do members making compost monitor temperature?

Yes No

4.2.4 How long is this temperature maintained?

4.2.5 Density of (1) Coliform (2) Salmonella

Sub Section 4.3 : Manure Use

4.3.1 What forms of manure are used within the Group:

- | | |
|--|--|
| 1. Liquid <input type="checkbox"/> | 2. Pelleted/other (specify) <input type="checkbox"/> |
| 3. Semi-solid piled <input type="checkbox"/> | 4. Fully composted <input type="checkbox"/> |

4.3.2 What is the source of the Manure:

- | | |
|---|---|
| 1. On Farm From Organic System <input type="checkbox"/> | 2. Off Farm From Organic Sources <input type="checkbox"/> |
| 3. Other (specify): <input type="checkbox"/> | |

4.3.3 If the members of the Group sources manure /compost (including manure) from off-farm, please list each source of the manure and indicate if the source is a certified organic facility and indicate certifier. Also Indicate the type of animal that produced the manure used on the organic field and the type of livestock management system of the livestock (feed lot, finishing operation, hog confinement, broilers, laying hens (attach a separate table or additional sheets if needed):



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Sub Section 4.4 : Natural Resources	
4.4.1	Are any areas of the Group that have any soil erosion problems?
4.4.2	If Yes What conservation practices are adopted?
1.	Terraces <input type="checkbox"/>
2.	River/creek/pond <input type="checkbox"/>
3.	Tree lines <input type="checkbox"/>
4.	Other (specify): <input type="checkbox"/>
4.4.3	What is the source of water?
1.	On-site well(s) <input type="checkbox"/>
2.	Firebreaks <input type="checkbox"/>
3.	Tube well <input type="checkbox"/>
4.	Other (specify): <input type="checkbox"/>
4.4.4	Type of irrigation system: None <input type="checkbox"/>
	Drip <input type="checkbox"/> Canal <input type="checkbox"/>
	Sprinkler System <input type="checkbox"/> Other (specify): <input type="checkbox"/>
4.4.5	What input products are applied through the irrigation system? None <input type="checkbox"/>
4.4.6	What products do you use to clean irrigation lines/nozzles? None <input type="checkbox"/>
	<input type="checkbox"/>
4.4.7	Please describe the efforts implemented by the group to reduce water Usage and treatment of residual water.
Sub Section 4.5 : Water Quality	
4.5.1.	What practices does the Group use to protect water quality?
1.	Fencing livestock from waterways <input type="checkbox"/>
2.	Laser levelling /land forming <input type="checkbox"/>
3.	Scheduled use of water <input type="checkbox"/>
4.	To conserve its use <input type="checkbox"/>
5.	Drip irrigation <input type="checkbox"/>
6.	Monitoring <input type="checkbox"/>
7.	Micro-spray tensiometer <input type="checkbox"/>
8.	Other (specify): <input type="checkbox"/>
4.5.2.	What water contamination problems does the group experience (why and where)?
4.5.3.	Masures taken to minimize water contamination probles.



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SECTION 5 - CROP MANAGEMENT (NPOP 3.1.8)

- 5.1 Please describe the Crop Rotation System adopted by the members of the group.
- 5.2 Please describe the weed management system?
- 5.3 Are mulches is in practice for weed control?
- 5.4 Are weed control measures are documented?
- 5.5 How the members of Group manage the problem of insect/rodent/bird & pests ?
- 5.6 Does the Group keep a record of how often these pest control methods are used?
 Yes No
- 5.7 What are the Group's problem crop diseases/nematodes?
- 5.8 What are the disease prevention strategies does the Group use?
- 5.9 Indicate if any disease control inputs applied to Group.

SECTION 6 - MAINTENANCE OF ORGANIC INTEGRITY (NPOP 3.1.9)

Sub Section 6.1 : Adjoining Land Use

- 6.1.1 What types of buffer zones does the Group maintain around its organic fields/land?
- 6.1.2 What is the width of the buffers?
- 6.1.3 How buffers are managed (plowed down, let stand, harvested, etc.)?
- 6.1.4 If buffers are in crop and harvested, what is done with this crop and how is commingling avoided?
- 6.1.5. All necessary buffer zones must be clearly identified on the field maps



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6.1.6. Do you conduct any GMO testing for your seed and/or product(s) to be sold?

Yes No

Sub Section 6.2 : Split Or Parallel Production

Not applicable

6.2.1. Does the Group grow the same crops organically and non-organically (in transition and/or conventionally)?

Yes No

6.2.2. Please specify & provide details?

6.2.3. Are the equipment used for organic farming are cleaned and documented?

Sub Section 6.3 : Harvest

6.3.1. What kind of harvest records are kept to document harvest dates, amounts, etc.?

6.3.2. What containers are used for harvesting?

- | | | |
|---|--|--|
| 1. Gravity wagons <input type="checkbox"/> | 2. Boxes <input type="checkbox"/> | 3. Plastic containers <input type="checkbox"/> |
| 4. Truck boxes <input type="checkbox"/> | 5. Cardboard <input type="checkbox"/> | 6. Waxed boxes <input type="checkbox"/> |
| 7. PVC plastics <input type="checkbox"/> | 8. Wooden totes <input type="checkbox"/> | 9. Jute bags <input type="checkbox"/> |
| 10. Other (specify): <input type="checkbox"/> | | |

6.3.3. Are containers in which harvests kept are new or used?

New Used

If used, what did they contain prior to organic use?

Sub Section 6.4 : Crop Storage

Storage Identification name	Organized/group/subgroup	Type of crops stored	Type of storage	Capacity	Organic only (OO) or not Dedicated (ND)

6.4.1. Are all storage units clearly labelled for organic use?

Yes No

Sub Section 6.5 : Transportation

6.5.1. What steps are taken to protect the integrity of organic products during transport:

- | | |
|---|--|
| 1. Contract with <input type="checkbox"/> | 2. Inspecting transport <input type="checkbox"/> |
|---|--|



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3. Use of Off-Farm <input type="checkbox"/>	4. Transport company <input type="checkbox"/>
5. Stating organic requirements <input type="checkbox"/>	6. Units prior to loading <input type="checkbox"/>
7. Cleaning transport units prior to loading <input type="checkbox"/>	8. Transportation <input type="checkbox"/>
9. Letter <input type="checkbox"/>	10. Dedicated organic <input type="checkbox"/>
11. Cleaning Affidavits <input type="checkbox"/>	12. Other (specify): <input type="checkbox"/>

SECTION 7: ORGANIZED GROWER GROUP QUALIFICATION, MANAGEMENT, AND PRODUCER INFORMATION
NPOP 5.4

7.1 Is there a arrangement for conduction internal inspection twice in year.

7.2 Area the ICS inspector are qualified & aquiented with the organic standard.

7.3 Are there sufficient no. of internal inspectors to conduct internal inspection according to the size the group.

7.4 Are records maintained to document producer non compliances & sanction applied.

7.5 Do growers have a signed agreement to be inspected by UPSOCA. and to comply with all applicable Standards?
 Yes No

7.6 Do the growers receive technical support and/or assistance?
 Yes No

7.7 Is an internal sanctions policy in place?
 Yes No

7.89 Does the internal control plan have a procedure in place for removing members who are found through internal inspections to be out of compliance with organic standards?
 Yes No

7.9 Are records maintained to document producer non-compliances and the sanctions applied?
 Yes No

7.10 Did the internal inspection include a review of all boundaries and verification of adequate buffers for the producers visited?
 Yes No



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SECTION 8 - AFFIRMATION

I affirm that all statements made in this application are true, correct, and complete. I understand that acceptance of this form in no way implies granting of certification by UPSOCA I agree to abide by UPSOCA Bylaws and the certification standards and/or certification requirements applicable to my operation further I agree to pay all fees assessed by UPSOCA

Signature of ICS/Group Manager:

Date:

Place:



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