To, The ICS Manager (Quality Manager/Service Provider/Mandator)

Total

ranner name.							Farmer Code:		
Village name:									
Farmer address &Contact details							(To be filled by ICS Office)		
Farm(No. of fields including conventional plots)									
Khasra No./GPS	Area in	Main	Inter	Main Crop	Inte	r Crop	List all the inputs used for		
No.	Hectares	crop	Crop	(Kharif)	(Kh	arif)	Organic farming		
(similar on field		(Rabi	Rabi)						
map))							

	Notes on field situation in organic							
crop								
Organic holding in field with multiple owners, no clear borders								
All owners are organic								
Field is clearly separated	d from other fields by							
Other:(describe)								
Declaration of the farm	ner							
	at the information provided above is correct and that ic Production and ICS rules and I agree to sign the I							
Date:	Signature							
Place:	of farmer:							
I, the ICS manager, conf	firm that the above mentioned information is correct.							
Date:	Signature of the ICS Manager for							
Place:	acceptance							

Note: NOP Standard owner – USDA- Agricultural Marketing Service, US Department of Agriculture. Visit for latest updates: www.ams.usda.gov