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Organic Management System Plan for Local Group

1.0 General Information:

Name of Local Group (LG):	
Address with email and telephone No. of local group:	
Name of Person/Persons responsible for management of organic operation:	
Area of the local group:	
Number of farmer in local group:	

1.1 Previous Certification details:

Are you already registered with another Regional Council (RC):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes: Name of RC and give reason to Change of RC		

2.0 Location and Map:


2.1. Enclose the Route Map of the Project Area with Distance. From project area to KSSOCA

2.2. Enclose the Overview Map of the Project area An overview project map should include: Field numbers or other identification mark, Show and describe neighbouring land uses (such as non-organic plot, forest area etc), Show all landmarks such as railroad tracks, buildings, school, Government Officers, avenue etc.

3.0 Land Preparation, Soil & Water Conservation

Activities		Practices and Procedures undertaken
Land preparation		
Prevention of Erosion	Soil	
	Water	

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4.0 Agricultural Equipments:

Name of equipment	Practices and Procedures undertaken

5.0 Soil Fertility/Nutrient Management:

Activities	Yes/No	Practices and Procedures undertaken
Is Crop Rotation/ Intercropping/ Mixed cropping/Green manuring Practiced		
Is FYM/Compost/Vermicompost/ any other substance added to the soil		
Any other measure used to improve soil fertility. (e.g. use of Bio Fertilisers etc)		

6.0 Input Management:

Sl. No.	Name of Input	Source of input (on-farm/Off-farm)	Quantity Used/ha/Year

Note: Prior permission should be taken from KSSOCA for the use of off farm inputs by providing the details in off farm input permission form along with documentary evidence whether the input is allowed for use in Organic Agriculture (Copy of Input Approval, receipts, invoice, purchase details etc).

Additional sheets may be attached.

7.0 Irrigation/Water Management:

Source and Method of Irrigation

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8.0. Encouragement for Ecology Conservation/Management:

Name of the Trees species	Floral/ Faunal Diversity	Management of Bio Residues

9.0 Weed Management:

Sl. No.	Name of the weeds	Method of Management

10.0 Seeds and Planting Stock:

Name of seeds/planting material used (Rabi/Kharif/Summer/ Perennials)	Source (ON Farm/Off Farm)	Status of Seeds/Planting material {Organic/Non organic/Non GMO/Untreated

11.0 Livestock details:

Name of the species	No. of animals

12.0 Crop production details:

Sl. No.	Product(s)	Season	Variety	Area (in Ha)	Est. Quantity (in MT)

13.0 Harvest /Post harvest Handling:

Activity	Practices and Procedures undertaken (Manual/Mechanical)
Harvesting	
Threshing	
Drying	
Collection	

14.0 Storage Management

On-farm Off Farm

14.a Measures adopted for stored products to prevent commingling and contamination with prohibited substances?
.....

14.b Measures adopted for cleaning storage units or bins, and how the same is recorded?
.....

14.c Type of on farm pest management program used against which type of pest during storage?
.....

15. 0 If on farm processing:

Yes

No

16.0 Marketing:

Direct

Subcontracted (Provide the copy of necessary agreements)

17.0 Record keeping by Local Group:

Name of the Documents	Available for verification (yes/No)

Note: The attachments may be annexed

18.0 Declaration:

- The operator declares that the description of methods and the practical measures described in Organic system plan have been completed truthfully.

Date :	Signature of Operator/Representative/Authorised Signatory:	
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Only to be filled in during inspection:

Date of Inspection:	Signature of Inspector:
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