



# India Good Agricultural Practices (IndG.A.P.) Certification Scheme



Certificate No. QCI/PADD/IndG.A.P./CB/OPT-2/00000X

This is to certify that

**Name of the Producer**

**Address Details**

has been assessed and is in compliance with the requirements of the **India Good Agricultural Practices (IndG.A.P.)**,

**Scheme of the Quality Council of India**

for compliance to the control points for **IndG.A.P. requirements** for **Option .....**

**Scope of Certification** - Fruits, Vegetables (with modules of Spices and Agro biodiversity)

As per Section III – Certification Criteria available at link <https://qcin.org/india-good-agriculture-practices> which covers both produce requirements and control points.

This certificate, is valid from **DD/MM/YYYY** until **DD/MM/YYYY**, subject to satisfactory continued compliance by the producer to the requirements for certification and stipulated Surveillance visits<sup>1</sup>.

**Signature**

**Name of the authorised personnel**

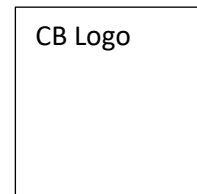
**Name of the authorised agency**

Full Address

**Issue Date: DD/MM/YYYY**

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<sup>1</sup> The current status of certification is available on CB's website and QCI's website (<https://qcin.org/india-good-agriculture-practices>).



**ONLY IN CASE OF GROUP CERTIFICATION**

**Crop Details of Group**

**Certification Characteristics**

1. Name of Company: .....
  2. Unique Identification No.: **As per CBs record**
  3. Country of production:
  4. Landholding (Ha): ..... farm area (XXXXX Acre)  
 Total cultivated Farm Area .....
- Certification Request **xxxxxx** Ha covering **xxxxxxx** crops  
 Type of cultivation – Covered under Land/Hydroponics/xxxx system

**Certified Crops Details:**

| S. No. | Name and address of the Farmer | Unique Identification No. | Crop Name | Area under cultivation | Estimated Yield |
|--------|--------------------------------|---------------------------|-----------|------------------------|-----------------|
| 1      |                                |                           |           |                        |                 |
| 2      |                                |                           |           |                        |                 |
| 3      |                                |                           |           |                        |                 |
|        | <b>Total area certified</b>    |                           |           |                        |                 |

**Authorised Signatory:** Name .....

Date: **DD/MM/YYYY**

CB's name .....

Address .....,  
 .....,  
 .....,  
 .....

Website .....