



Quality Council of India

Application for Approval as Certification Body for Voluntary Certification Scheme for Medicinal Plant Produce

1. Name of the Certification body :
2. Address of Head office (primary office where the assessment will take place, if needed) :
3. Addresses of other offices in India, if any(with activities performed):
4. Legal Status (**provide copy of evidence**) :
5. Contact details:
 - a) Contact person
 - b) Phone
 - c) Fax
 - d) Email id
 - e) Website
6. NABCB Accreditation(s) held for ISO 17065 – Yes/No
 - 6a. If yes, does it cover VCSMPP – Yes/No (If yes, pl provide copy of accreditation certificate and schedule)
 - 6b. In case applicant to NABCB for ISO 17065 with VCSMPP, pl provide documentary evidence (also share the status of application)
7. Details of relevant experience (in any other medicinal or agricultural certification standard/scheme like Global Gap etc) (use separate sheets for giving the details and mention standards, accreditation held and experience in that standard) :
8. Details of evaluators/technical experts available for VCSMPP (Use separate sheets for giving details like qualification, experience, training , etc and kindly give separate list for GAP & GFCP personnel) :
9. Details of other activities besides certification :

10. Has your organization ever been judicially proceeded against/derecognized/blacklisted/put on a holiday for its activities :

Yes No

If yes, give details like the organization responsible for this action, reason, for the action, duration of penalty, etc.

11. Enclose the following (List of enclosures)

- a. Document establishing legal entity status;
- b. Organization profile, structure and other details;
- c. Documentation appointing authorized signatory;
- d. Documentary evidence for NABCB accreditation status for the scheme, if applicable
- e. Certification body documentation in respect of certification of Voluntary Certification Scheme for Medicinal Plant Produce (in case not accredited for VCSMPP by NABCB)
- f. List of evaluators/technical experts (full time or others) Location wise with details like qualification, experience and training
- g. Details of certification experience in the relevant fields
- h. Other relevant details that the certification body may like to share

I undertake to comply at all times with the requirements prescribed by QCI from time to time and in case of non compliance, abide by the decision of QCI.

The information submitted as above is factual and true to the best of my knowledge and in case any information is found to be not correct, we shall be liable for the same.

Name and Signature of Authorized Signatory
with seal of the CB

Date :

Place :