

**PRAMAAN**

**Indian Forest and Wood Certification Scheme (IFWCS)**

**Ministry of Environment, Forest & Climate Change (MoEF&CC), Government of India**

**Application Form for PRAMAAN Certification**

(Application details shall be filled in English. Please select as many options as applicable multiple options.)

1. **Client Information**

**Client Name:**

**Client Legal Status** (Private / Public Ownership):

**Address:**

**City: Pin Code: State:**

1. **Client Activity** (Check applicable box)

|  |  |
| --- | --- |
| 1. Forest Division
 |[ ]  1. Forest Corporation
 |[ ]
| 1. Individual Farmer / Tree Grower
 |[ ]  1. Farmers / Trees Grower Group
 |[ ]
| 1. Saw Miller
 |[ ]  1. Manufacturer
 |[ ]
| 1. Domestic Trader
 |[ ]  1. Exporter
 |[ ]
| 1. Importer
 |[ ]  1. Others
 |[ ]

1. **Employee Details**

|  |  |
| --- | --- |
| 1. Permanent Employees
 |  |
| 1. Contractual Employees
 |  |

1. **Annual Turnover associated with core operations**

|  |
| --- |
|  |

1. **Scope for Certification**

|  |
| --- |
| 1. Forest Management (FM)
 |[ ]
| 1. Trees Outside Forest Management (TOFM)
 |[ ]
| 1. Chain of Custody (CoC)
 |[ ]

1. **In case of FM Certification, provide the following information:**

|  |  |
| --- | --- |
| 1. Total Forest area (in Ha) under jurisdiction
 |  |
| 1. Forest area to be certified[[1]](#footnote-1)
 |  |

1. **In case of TOFM Certification, provide the following information:**

|  |  |
| --- | --- |
| 1. ToF/Plantation/Farm area (in Ha)
 |  |
| 1. Field khasra / Land record number
 |  |
| 1. Crop/Tree species with variety
 |  |

1. **Type of Certification**

|  |
| --- |
| 1. Single Site Certification
 |[ ]
| 1. Multi-site Certification
 | [ ]  Number of sites[[2]](#footnote-2) |
| 1. Group Certification
 |  [ ]  Number of group members[[3]](#footnote-3) |
| 1. Turnover Declaration for COC (INR)
 |  |

1. **Outsourcing Details**

|  |
| --- |
| 1. No Outsourcing or Subcontracting Involved
 |[ ]
| 1. Outsourcing or Subcontracting Involved[[4]](#footnote-4)
 |[ ]
| 1. The site is only used to store finished and labelled products.
2. All or some of the outsourced or subcontracted activities (except transportation) are performed at the same premise / location.
3. All or some of the outsourced or subcontracted activities are not performed at the same premise / location.[[5]](#footnote-5)
 | **☐** |
|  |[ ]
|  |[ ]

1. **Previous Certification Details** (if applicable)

|  |  |  |
| --- | --- | --- |
| FM [ ]  | TOF [ ]  | COC [ ]  |
| 1. Type of Certification (Single / Multiple / Group)
 |  |
| 1. Certification Number
 |  |
| 1. Current Status of Certification (Validity / Suspended / Terminated)
 |  |
| 1. Period of Certification
 |  |
| 1. Any Other Information
 |  |

1. **Any Other Certification**

|  |  |
| --- | --- |
| 1. Name of Certification
 |  |
| 1. Certification Number
 |  |
| 1. Current Status of Certification (Validity / Suspended / Terminated)
 |  |
| 1. Period of Certification
 |  |
| 1. Any Other Information
 |  |

1. **Management Plan Summary**

|  |
| --- |
|  |

1. **Identified Risk and Mitigation Measures**

|  |
| --- |
|  |

**AFFIRMATION**

I affirm that the information provided herein is true and correct to the best of my knowledge, and that I am duly authorised to sign this application.

The undersigned declares to have completed this Application Form truthfully. In case any incorrect information comes to our notice at any point of time, suitable sanctioned shall be imposed at the risk, caused and responsibility of applicant.

**Name: Designation:**

**Date: Place:**

**Authorised Signatory Stamp:**(electronic or typed accepted)**:**

**Application Receipt Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_** (to be filled by CB)

**Applicable Products under IFWCS Certification**

**(Normative Document)**

**IFWCS-APPLICABLE PRODUCTS-2024**

Under Review.

1. Provide details of unit and hectare. [↑](#footnote-ref-1)
2. Provide list of multiple sites (management structure and other information) if any, separately [↑](#footnote-ref-2)
3. Provide list of participating group members, management structure and other information separately [↑](#footnote-ref-3)
4. Provide details of the outsourcing or subcontracting activity separately [↑](#footnote-ref-4)
5. Provide details of the premise / location (s) of outsourced or subcontracted activities [↑](#footnote-ref-5)