



9. Crop /Crops for certification required (for coming 1 year period)

Present Season			Next Season		
Crops & Varieties	Plot Number	Extent	Crops	Plot Number	Extent

(if there are additional crops, please submit them as an attachment)

10. Mark (✓) on relevant cages based on the nature of the seed or planting materials used in your farm.

- seeds obtained from your own farm :
- certified seeds (DOA) :
- seeds obtained from private institutes :
- other :  specify.....

11 If seeds / planting materials obtained are certified, mention the name of the institution by which the certification was made.

.....  
 .....

12 If seeds / planting materials obtained are not certified, mention the place they were obtained, name and the officer / institute recommended .....

.....

13 Mention the existing soil type of the farm.....

14 Mention whether any soil test has been done for your farm. Yes  No

15 Fertilizer management practices in the farm?

- based on soil test report of the farm :
- following the recommendation of the Department of Agriculture:
- following recommendation of another recognized institute :
- other :  specify:.....

16 Mention whether you have added compost to the soil. Yes  No

If yes, mention the source of compost (prepared within the farm / prepared outside the farm)

.....

If received from outside, mention the place and address.....

.....

17 Mention whether human fecal matters were applied to the field. Yes  No

18 Do you have any measures adopted to minimize soil erosion? Yes  No

19 Do you have preliminary water testing report with regard to the water used for irrigation? Yes  No

How often water is tested to ascertain its quality? .....

20 What are the irrigation methods used in your farm/field?

Flood  Drip  Sprinkler  Other  Specify.....

21 Whether the farm has been used for any other non-agricultural purpose earlier. Yes  No

If yes, mention for what purpose? .....

Crops cultivated within past two years	Extent (Ac)

22 Mention whether weeds cause problem to your farm / field. Yes  No

If yes, how do you control weeds in your field? .....

23 Tabulate the identified pest, disease and their control measures separately for present and next season cultivation for the one year period using following tables.

Crops	Stage of the crop	Diseases	Control method

Crops	Stage of the crop	Pests	Control method

24 Do you have SL-GAP and the conventional agricultural practices available in your farm? Yes  No

If yes, mention the measures which have been taken to supply such products to the market separately.

.....  
.....

25 Do you have identified any risk due to the activities from the surrounding lands? Yes  No

Have you taken the corrective measures to minimize the risk? Yes  No

26 Steps have been taken to prevent contamination at the harvesting and temporary storage. Yes  No

27 Produce / harvest washed at the farm? Yes  No

If yes water quality is similar to drinking water? Yes  No

(Please attach water testing report of the water use for washing)

- 28 (i) On farm packaging was carried out? Yes  No
- (ii) Do you have method to maintain traceability of produce? Yes  No
- (iii) Do you use the SL-GAP logo and the QR code on your product package? Yes  No
- 29 Do you store the both SL-GAP and non - GAP products together in same place? Yes  No
- 30 Do you have protect the temporary stores and processing places from insects and other animals? Yes  No
- 31 Do you store fertilizer and pesticides in same store? Yes  No
- 32 Do you have stored fertilizer and pesticide separately to ensure the quality? Yes  No
- 33 The workers have been trained properly on relevant trainings?  
(on SL-GAP standards, fresh produce handling, pesticide application, etc...) Yes  No
- 34 Do you have provide first aid and sanitary facilities for workers? Yes  No

I do hereby certify that I am aware on SL-GAP standard properly and the above particulars furnished by me are true and correct. Therefor please make necessary arrangements to get the SL-GAP certification.

Name of the farmer /Applicant:.....  
 Designation (If any) :.....  
 Signature :.....  
 NIC No :.....  
 Date :.....

**Recommendation:**

According to the internal audit report and the information provided here are true and correct. This farm is in SL-GAP standard and therefor this farm is recommended to consider for SL-GAP certification.

Internal checklist has been attached

Officer Name :.....  
 Designation/Address :.....  
 Signature :.....  
 Date :.....

### Road map leading to the farm

Prepare the road – map leading to your farm by providing details on main road, by roads, public places and other necessary details with relevant directions

Copies of the following documents are attached to the application

1. Crop management plan of the farm for one year (from the date of application)
2. In case of water is used for washing or any post-harvest activity, the respective water testing report.
3. If the farm is registered as a business or company, a copy of the certificate of business registration / company registration

### Office use only

Date of receiving the application	Name of the officer who checked the application	Observation and recommendation	Signature

**Contact details : SL-GAP Certification Division, Seed Certification Service, Department of Agriculture**

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