

FORM III
(See rules 18(4) and 9)
**APPLICATION FOR CERTIFICATE OF COMPLIANCE FOR AQUACULTURE
INPUTS/RENEWAL**

I. Applicant details			
1. Name of the Applicant		Passport size photo	
2. Applicant Designation			
(a) Managing Director (b) Director (c) Authorised Person (enclose authorisation letter)			
3. ID Proof of the applicant (a) Aadhar (b) Driving License (c) Voter Id (d) Passport (e) Any other(specify-text box)			
4. Whether applying for fresh compliance/renewal for compliance			
5. If applied for renewal compliance, furnish the details, if any			
(a) Coastal Aquaculture Authority registration number			
(b) Date of registration			
(c) Validity period	From _____ To _____		
II. Details of the Firm/Company			
1. Name of the Registered Company/Firm			
(a) Individual			
(b) Corporate			
(c) Consortium			
(d) Others			
2. Contact Details			
(a) Mobile number			
(b) Email id			
3. Address of the company/firm			
4. Address for communication			
5. Category of the Company/Firm			

(a) Indian Own manufacturer	
(b) Indian Merchant manufacturer	
(c) Distributor of overseas product	
6. Whether registered with authorized agency of Government	Yes/ No
If yes, Any one of the following documents to be attached (a) Goods and Services Tax (b) Micro Small & Medium Enterprises, (c) Udyog Aadhar (d) Certificate of incorporation (e) Certificate of registration (f) Any others	
7. Do the Firm/Company possess any Certification for the Product (Applicable for both own & merchant manufacturer)	Yes/No
If yes, any one of the following documents to be attached (a) Department of factories (b) Good Manufacturing Practice (c) International Organization for standardization (d) Best Aquaculture Practices (e) Hazard Analysis Critical Control Point (f) Any others	
8. For Indian Own manufacturer/ Indian merchant manufacturer	
(a) Name of the Indian Own manufacturer/ Indian Merchant Manufacturer	
(b) Address of the manufacturing unit	
(c) If applicant is Indian merchant manufacturer, please furnish copy of the agreement with manufacturing Company/Firm)	
9. For Distributor of overseas product	
(a) Name of the overseas Company/Firm	
(b) Address of the overseas manufacturer	
(c) Agreement between applicant and overseas manufacturer (supporting document to be attached	Yes/No
(d) Health Certificate/ Sanitary Certificate/ Veterinary Certificate/ Any other Antibiotic Free Certificate	Yes/No
III. Details of the product	

1. Name of the Product (Same as in the label and laboratory Report)	
2. Product code (if any)	
3. Category of the product (a) Feed additive (b) Probiotic (c) Feed- larval (d) Feed -adult (e) Chemical (f) Disinfectant (g) Immuno stimulant (h) Drug (i) Mineral mixture (j) Others (specify)	
4. Manufacturing Process of the Product	
(a) Whether Quality Testing laboratory facility available	Yes/No
(b) If yes, in-house laboratory facilities existing (i) Water and soil analysis (ii) Microbiology (iii) Feed analysis (iv) Enzyme Linked Immuno Absorbant Assay (v) Polymerase Chain Reaction /Reverse transcription Polymerase chain reaction (vi) Liquid Chromatographic Mass Spectrometric (vii) Gas Chromatography / Mass Spectrometry (viii) Others (c) Outsource Testing Laboratory (text box- list of the parameters tested) (i) Water and soil analysis (ii) Microbiology (iii) Feed analysis (iv) Enzyme Linked Immuno Absorbant Assay (v) Polymerase Chain Reaction /Reverse transcription Polymerase chain Reaction	

(vi) Liquid Chromatographic Mass Spectrometric (vii) Gas Chromatography/ Mass Spectrometry (viii) Others	
IV. Details of the antibiotic - free status of the product	
1. Name of the Laboratory where sample analyzed	
2. Address of the Laboratory	
3. Accreditation of the Laboratory (a) National Accreditation Board for Testing and Calibration Laboratories (b) Export Inspection Council (c) Indian Council of Agricultural Research (d) Other Government Laboratory	
4. Date of Analysis of Antibiotic residue	
5. Result of the sample analysis for Antibiotic residue	
6. Analysis Method	
(a) Liquid Chromatographic Mass Spectrometric (b) Any Other	
7. Tamper Proof Mechanism	Yes/No

Declaration

I/We _____ (son(s)/ daughter(s)/wife of _____ residing at _____ hereby declare that the information furnished above is true to the best of my/our knowledge and belief. I am/ We are fully aware that if the information furnished by me/us is false or there is any kind of deviation/violation of the conditions on which the Certificate of Compliance to be issued by the Authority, the Certificate of Compliance issued will be either suspended or cancelled besides imposing penalty as per the penal provisions under Coastal Aquaculture Authority Act or the rules, regulation and guidelines made thereunder.

Place:

Date:

Signature of the applicant(s)