

Application for Recognition of Tissue Culture Production Facility (NCS-TCP Form-2)

(Applicant should submit 3 copies of application along with all enclosures to “NCS-TCP Management Cell” at Biotech Consortium India Limited, 5th Floor, Anuvrat Bhawan, 210 Deendayal Upadhyaya Marg, New Delhi-110002)

Eligibility

1. TCPF with installed production capacity to produce 5 lakhs or more tissue culture plants per annum are only eligible to apply
Please specify Installed Production Capacity/Annum
2. Tissue culture production facility should be fully functional (including all areas of laboratory and hardening facility)

Section 1

Registration No.

Date of Registration:

(For BCIL office Use only)

1. Name of Tissue Culture Production Facility (TCPF):

1(a). Postal Address of the office of TCPF:

Email:

Telephone (Landline):

Mobile:

1(b). Address of Tissue Culture Production Facility, if different from 1a:

Email:

Telephone (Landline):

Mobile:

1(c). Address of Hardening Facility (if different from 1b):	
Email:	
Telephone (Landline):	
Mobile:	
2. Head of the Organization:	
Name & Designation:	Ph./Mob. No:
3. Laboratory-In charge:	
Name & Designation:	Ph./Mob. No.:
4. Particulars of Laboratory:	
A. Public Sector (<i>tick appropriately</i>)	
- National Laboratories (CSIR/ICAR etc)	<input type="checkbox"/>
- State Funded Laboratories	<input type="checkbox"/>
- Universities	<input type="checkbox"/>
B. Private Sector (<i>tick appropriately</i>)	
- Public Limited	<input type="checkbox"/>
- Private Limited	<input type="checkbox"/>
- Proprietorship	<input type="checkbox"/>
- Partnership	<input type="checkbox"/>
C. NGO	
D. Others (Please specify)	

5. Month and Year of Commencement of Production:

6. Plant species being multiplied at commercial level:

a.

b.

c.

7. Details of production of plants for last two years (species with approx. numbers):

Year	Species under multiplication	Plants Produced (in lakhs)	Plants sold (Domestic) (in lakhs)	Plants exported, if any (in lakhs)

8. Total number of Staff Engaged in Production activity:

9. Enclosures to the Application:

- i. Acknowledgement receipt of online transfer towards fee payment.
- ii. Labeled and numbered photographs showing Washing Room; Media Preparation Room(s); Media Storage Room(s); Inoculation Room(s); Growth Room(s) and Transfer/Grading Area; Locations of Pressure Module/ Air Handling Unit (AHU)/

HVAC system in Media Storage Room(s), Inoculation Room(s) & Growth Room(s); Grading area; Double door entrance in Primary and Secondary Hardening Area
Hardening Areas depicting plants

- iii. *Layout/ Drawing of tissue culture production facility covering lab area (entry, washing, media preparation, storage, inoculation, growth room, grading area etc.), hardening and nursery. The layout should also clearly indicate man and material movement, sterile & non-sterile zone, location of pass box, pressure module, emergency exit and double door in hardening areas*

10. Declaration

I/we hereby declare that all the information/ particulars provided in the application are true and correct to the best of my knowledge. I/we shall bear the additional cost, In the event of any discrepancies noticed during the processing of my application and or/ any deviations are observed during site visit from stated information both in application and self-assessment form. I/we further declare that I am/ we are making this application after meeting the eligibility criteria & requirements of mandatory enclosures and going through instructions/guidelines contained in Section-2 to this application.

11. Undertaking

I am/we are making this application after having understood the guidelines of National Certification System for Tissue Culture Raised Plants (NCS-TCP) framed by the Department of Biotechnology (DBT), Govt. of India, New Delhi developed on October 2006 and subsequent its amendments from time to time. The guidelines (available on the website www.dbtncstcp.nic.in) will be fully binding on the applicant.

I/we undertake if any information provided in the application is found to be incorrect, entire cost of site visit will be borne by the applicant company.

I/We also undertake that any dispute not resolved under NCS-TCP will be subject to jurisdiction of Delhi Courts.

Date:

Place:

(_____)

Signature /Name/ Designation of Authorized Person

Section-2: Checklist for Mandatory Requirements

(If any of below mentioned requirement is “No” the application will not be processed)

1. Mandatory requirements for recognition of TCPF

Tissue culture production facility should be fully functional (including all areas of laboratory and hardening facility).

Mandatory requirements for TCPF:

- i. Availability of following **exclusive functional areas:**
 - a) Washing Room (s) Yes/No
 - b) Media Preparation Room (s) Yes/No
 - c) Media Storage Room (s) maintained under positive pressure Yes/No
 - d) Inoculation Room (s) maintained under positive pressure Yes/No
 - e) Growth Room (s) maintained under positive pressure Yes/No
 - f) Transfer/ grading Room (s) Yes/No
 - g) For hardening facility, insect proof greenhouse/ poly house with double door entry fitted with humidity control Yes/No
 - h) For secondary hardening, insect proof Nursery/Shade house Area (s) with double door entry covered with appropriate mesh to provide partial shade Yes/No
- ii. Entry to clean area should have the following arrangements: Yes/No
 - facility for hand and foot washing
 - air curtain, air shower, cubicles for dress changing
 - dress storage before entering into sterile areas of tissue culture production facility
- iii. Layout of laboratory building is planned in such a way that does not allow free movement of human and materials between sterile and non-sterile area. A layout plan for guidance is given. Yes/No
- iv. Provision of well-maintained firefighting system with emergency exit, path showing fluorescent strip for guiding the emergency exit, fire alarm/ smoke alarm and fire extinguisher. Yes/No
- v. Availability of uninterrupted power supply. Yes/No

- vi. Availability of basic equipment (including electronic weighing balance, pH meter, conductivity meter, microwave oven, de ionizer/distillation unit/RO water facility, autoclave etc.). Yes/No
- vii. Maintaining class 100,000 sterility level through pressure module/ AHU/ HVAC/any other in media storage room, inoculation room and incubation/growth room. Yes/No
- viii. Pass box fitted with UV and see through glass and or/other suitable mechanism for transfer of media into media storage room immediate after autoclaving (without men entering into the other area). Yes/No

2. Recognition fee structure:

- a. Application fee** **Rs. 4,000/-**
- b. Inspection fee:**
- i. **Small scale companies (upto 1 million plantlets/annum)** **Rs. 4,000/-**
- ii. **Medium scale companies (1 to 3 million plantlets/annum)** **Rs. 12,000/-**
- iii. **Large scale companies (>3 million plantlets/annum)** **Rs. 15,000/-**
- c. Recognized Certificate fee** **Rs. 10,000/-**

NOTE: All fee payment should be made online using NCS-TCP web portal itself. If there are issues in making payment online, the fee may be paid through net banking with prior intimation to BCIL [at email shuklashivkant@biotech.co.in and ncstcp@biotech.co.in] to following account of NCS-TCP:

<u>NCS-TCP Centralized Bank Account</u>		
Beneficiary Name	:	BCIL Ac NCSTCP
Account No.	:	0158201031402
Type of account	:	Current Account
Bank	:	Canara Bank
Branch	:	Deendayal Marg New Delhi
IFSC code	:	CNRB0000158
Email	:	ncstcp@biotech.co.in ;

Section III

SELF ASSESSMENT REPORT FOR RECOGNITION OF TISSUE CULTURE PRODUCTION FACILITY UNDER NCS-TCP

(Part-A parameters (shaded parameters) are mandatory requirements and Part-B parameters are other requirements for consideration of application for registration. Site visit would be organized on compliance with all the mandatory requirements during self assessment.)

Section-III: Part A – Mandatory Parameters

S. No.	Particulars	Self Assessment by the Applicant (Yes/No)	Comments of the expert committee during on-site visit		
		Descriptive information by company (if any)	Yes	No	Remarks of expert committee (if any)
A1.	Availability of following provisions in change area before entering into sterile areas of tissue culture production facility				
	<ul style="list-style-type: none"> • Hand and leg washing facility 				

S. No.	Particulars	Self Assessment by the Applicant (Yes/No)	Comments of the expert committee during on-site visit		
		Descriptive information by company (if any)	Yes	No	Remarks of expert committee (if any)
	<ul style="list-style-type: none"> • Dress change cubicle 				
	<ul style="list-style-type: none"> • Air curtain and or/Air shower facility 				
A2.	Layout of laboratory building is planned to avoid crisscross movement of men and materials between sterile and non-sterile area				
A3.	Availability of fire fighting system at your facility (If so, are they maintained regularly) <ul style="list-style-type: none"> ▪ Emergency exit 				

S. No.	Particulars	Self Assessment by the Applicant (Yes/No)	Comments of the expert committee during on-site visit		
		Descriptive information by company (if any)	Yes	No	Remarks of expert committee (if any)
	<ul style="list-style-type: none"> ▪ Path marked by fluorescent strip for guiding the emergency exit 				
	<ul style="list-style-type: none"> ▪ Fire Alarm/ Smoke alarm 				
	<ul style="list-style-type: none"> ▪ Fire Extinguisher 				
A4.	Assured power supply arrangement (Indicate the nature of assured supply)				
A5.	Practice of sterilizing the garments for use in clean areas				

S. No.	Particulars	Self Assessment by the Applicant (Yes/No)	Comments of the expert committee during on-site visit		
		Descriptive information by company (if any)	Yes	No	Remarks of expert committee (if any)
A6	Functional equipments (Including electronic weighing balance, pH meter, conductivity meter, microwave oven, de ionizer/distillation unit/RO water facility, autoclave etc.)				
A7	Maintaining class 100,000 sterility level through pressure module/ AHU/ HVAC/any other (in case of any other, please mention the detail of nature of facility and its effectiveness).				
	<ul style="list-style-type: none"> • Media storage room 				

S. No.	Particulars	Self Assessment by the Applicant (Yes/No)	Comments of the expert committee during on-site visit		
		Descriptive information by company (if any)	Yes	No	Remarks of expert committee (if any)
	<ul style="list-style-type: none"> • Inoculation room • Incubation/Growth room 				
A8	Availability of pass box and or/other suitable mechanism for transfer of media into media storage room immediate after autoclaving without men entering into the other area? (Pass box should have see through windows and fitted with UV Light).				

S. No.	Particulars	Self Assessment by the Applicant (Yes/No)	Comments of the expert committee during on-site visit		
		Descriptive information by company (if any)	Yes	No	Remarks of expert committee (if any)
A9	Dedicated growth room/ transfer area				
A10	Primary Hardening Area: i). Mist chamber/Green house/Polyhouse ii). Insect-proof greenhouse/polyhouse with double door entry				
	iii). Facility to maintain humidity for primary hardening area				

S. No.	Particulars	Self Assessment by the Applicant (Yes/No)	Comments of the expert committee during on-site visit		
		Descriptive information by company (if any)	Yes	No	Remarks of expert committee (if any)
A11	<p>Secondary hardening Area (Nursery Area)</p> <p>i). Dedicated double door entry to check insect entry</p>				
	<p>ii). Net house(s) covered with appropriate mesh to provide partial shade and without any openings to prevent insect entry</p>				
A. 12	<p>Do you get mother plant and Explant material tested for i) Freedom from the known viruses (as listed in NCS-TCP</p>				

S. No.	Particulars	Self Assessment by the Applicant (Yes/No)	Comments of the expert committee during on-site visit		
		Descriptive information by company (if any)	Yes	No	Remarks of expert committee (if any)
	website/SOPs)?				

Section-III: Part B – Other Parameters (Non-mandatory)

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	<u>INFRASTRUCTURE (B1- B7)</u>						
B1	<u>Washing Area:</u>						
	<ul style="list-style-type: none"> Is washing room connected with media preparation room for transfer of washed vessel through covered passage? 						
	<ul style="list-style-type: none"> Do you have availability of good quality running tap water? 						
	<ul style="list-style-type: none"> Do you have separate basins for keeping glassware at 						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	different stages of washing?						
	<ul style="list-style-type: none"> Do you have provision for separate dipping of jars from the hardening area/infected cultures? 						
	<ul style="list-style-type: none"> Whether washing is done in enclosed or covered area? 						
B2	Do you have plastic paint/water proof emulsion on the wall?						
	i). Media storage room						
	ii). Inoculation room						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	iii). Incubation/Growth room						
B3	<u>Media storage Room:</u>						
	(i) Do you have adequate space for media storage (to store the sterilized media for at least 3 days)?						
	(ii) Do you have provision of UV lights in the room?						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
B4	<u>Inoculation Room</u>						
	(i) Do you have laminar air flow cabinets fitted with manometers for checking pressure of airflow/hepa filters/UV Germicidal lamp?						
	(ii) Do you use glass bead sterilizer for sterilization of forceps/scalpel?						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
B5	<u>Transfer of plantlets from growth room to grading room facility:</u>						
	(i) Do you have pass box facility for transfer of culture bottles from growth room to grading/transfer area? (Pass box should have see through windows and fitted with UV Light)						
	(ii) Do you have arrangement of washing of plantlets to remove culture medium?						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	(iii) Do you have organized grading system such as working table with grading scale and or/ pictorial map to facilitate grading of tissue culture plantlets?						
B6	<u>Primary Hardening Area:</u> Mist chamber/Green house/Polyhouse			If yes, describe the arrangements			
	I) Do you have yellow sticky traps for insect pest monitoring? (at the rate of one sticky trap per 10m ² area)						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	II) Do you have facility to avoid contact of roots with ground soil?						
B7	<u>Secondary hardening Area (Nursery Area)</u>						
	I) Do you have yellow sticky traps for insect pest monitoring? (at the rate of one sticky trap per 10m ² area)						
	II) Do you have facility to avoid contact of roots with ground soil?						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	<u>OPERATIONAL REQUIREMENTS (B8-B16)</u>						
B8.	<u>Washing Area:</u>						
	(i) Is washing done mechanically/manually?						
	(ii) Is cleanliness being maintained?						
B9	<u>Discarding used agar:</u>						
	(i) Do you autoclave the contaminated cultures?						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	<i>(if no, please specify the procedure of decontamination)</i>						
	<u>Discard of used agar</u> - Do you treat used agar at site? (If so indicate procedure being followed)/ Discard at Pit which is to be used as nutrient for bio-						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	fertilizer and or/ - Municipal garbage						
B10	<u>Media Preparation:</u> (i) Do you appropriately label the individual jar/tray?						
	(ii) Do you use the tissue culture grade chemicals?						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
B11.	<u>Media Storage Room:</u>						
	(i) Do you monitor the airborne microbe through microbial plating? If so, its frequency. (ii) Do you fumigate the room periodically with the sterilant? If so indicate frequency? (iii) Range of number of days (minimum 3-4 days) for which media is stored prior to inoculation (iv) Provision of UV light						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
B12	<p><u>Inoculation Room:</u></p> <p>(i) Do you fumigate the room periodically with the sterilant? If so indicate frequency?</p> <p>(ii) Do you monitor the airborne microbe through microbial plating? If so, its frequency?</p> <ul style="list-style-type: none"> • Frequency of microbial plating 						
	<ul style="list-style-type: none"> • Frequency of fumigation 						
	<ul style="list-style-type: none"> • Maintenance schedule for laminar air flow cabinets 						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	(iv). Do you fumigate the room periodically with the sterilant?						
B13.	<u>Incubation (Growth) room:</u>						
	(i) Do you monitor the airborne microbe through microbial plating? If so, its frequency.						
	(ii) Is temperature in the growth room maintained uniform?						
	(iii) Do you fumigate the room periodically with the sterilant? If so frequency.						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
B14.	<p><u>Transfer/Grading Room</u></p> <p>Do you undertake regular grading of the plantlets according to specific criteria established for each plant species?</p>						
B15.	<p><u>Primary hardening (Mist chamber/Green house/Poly house)</u></p>						
	<p>(i) Trays properly labeled to trace back the history</p>						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	(ii) Do you monitor plants for their growth & any other feature?						
	(iii) Do you monitor insect vector species through yellow stick cards?						
	(iv) Do you monitor the temp/humidity/light intensity?						
	(v) Maintaining records of: <ul style="list-style-type: none"> • Temperature 						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	<ul style="list-style-type: none"> • Humidity 						
	<ul style="list-style-type: none"> • Mortality of plants 						
	<ul style="list-style-type: none"> • insects on yellow sticky cards 						
	(vi) Do you label individual hardening trays conveying the details of numbers of plants, date of transfer, batch number etc.?						
B16.	<u>Secondary Hardening (Nursery) Area</u>						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	(i) Trays properly labeled for: <ul style="list-style-type: none"> • Tracing the batch numbers • Mortality of plants • Insects in yellow sticky traps 						
	(ii) Has the production of tissue culture raised plants reached to secondary hardening stage?						
	(iii) Do you monitor plants for their growth or any other feature?						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	(iv) Do you monitor the insect vectors by yellow stick traps?						
	(v) Do you label individual batch conveying the details of number of plants, date of transfer, batch number and batch size etc.						
	(vi) Do you undertake regular weeding and removal of dead plants?						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
B17.	<u>Quality Practices</u> <u>Multiplication cycle</u>						
	(i) Are you restricting number of multiplication cycles?						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	(ii) Are you strictly monitoring the procedures while transferring plantlets from? - Growth room to transfer area - Greenhouse to shade area - At the time of dispatch						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
B18	<u>Overall Quality of Plants</u>						
	(i) Do you ensure that plants are fully hardened and transplantable size at the time of dispatch?						
	(ii) In case of ex-agar plants, it is ensured that plantlets should be appropriate size to ensure their survival during transport/transplantation in greenhouse/nursery						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	(iii) Do you provide handout to the farmers along with plants covering the package of practices for cultivation of particular species?						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
OVERALL QUALITY MANAGEMENT AND CERTIFICATION							
B19.	Do you get tissue culture plants tested for following? - Virus - Genetic fidelity?						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
Section-III: Part C -Reporting System/ documentation/Record							
C1	Mother Plants						
	- Criteria for selection of mother plants (Species wise)						
	- Records for selection of mother plants/passport data/unique code						
	- Records for testing of stock culture/mother plant tissue						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
C2.	<p>Media Preparation</p> <ul style="list-style-type: none"> - Calibration record for measuring equipment - Records of de-contamination/discard of used agar - Stock solution, media preparation and autoclave cycle 						
C3	<p><u>Media storage Room:</u></p> <p>(i) Do you maintain record for monitoring of the airborne microbe through microbial plating?</p>						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	(ii) Do you keep record of routine screening of media for any contamination?						
	(iii) Do you maintain record for fumigating the room periodically with the sterilant?						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
C4	<u>Inoculation Room</u>						
	(i) Do you maintain record for monitoring of the airborne microbe through microbial plating?						
	(ii) Do you maintain records for fumigating the room periodically with the sterilant?						
	(iii) Do you maintain record keeping for: - Efficiency of operators						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	(through monitoring number of jars handled, multiplication rate, contamination losses, rooting percentage and general health of the culture etc.) (iv) Calculating multiplication fold at the end of each passage						
C5.	<u>Incubation/Growth room:</u> (i) Do you maintain record for: - Contaminated cultures - Continuous temperature recording device - Light intensity/duration						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	(ii) Do you make production schedules based on the protocol efficiency?						
C6	Sterility Level Do you maintain particle count data in support of sterility class 100,000? (i) Media storage room						
	(ii) Inoculation room						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	(iii) Incubation/Growth room						
C7	Primary Hardening Area (Mist chamber, Green house/Poly house):						
	(i) Do you keep record of number of plant lets transferred/dead plants-maintained batch-wise?						
	(ii) Do you maintain record of any treatments given to the plants (fertilizer applications/insecticide/fungicidal; sprays etc)?						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	(iii) Do you maintain record of incidence of insect pests/diseases/vectors?						
C8	<p><u>Secondary hardening Area (Nursery):</u></p> <p>(i) Do you keep record of number of plants transferred/dead plants maintained batch-wise?</p>						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
	(ii) Do you maintain record of any treatments given to the plants (fertilizer applications; insecticidal/fungicidal sprays etc)?						
	(iii) Do you maintain record of incidence of insect pests/diseases/vectors?						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
C9	<u>Farmer's Advisory/Feed back:</u> (i) Do you provide printed leaflets regarding package of practices for cultivation of tissue culture raised plants?						
	(ii) Do you maintain record of farmers' feedback/data regarding field performance of tissue culture raised plants (if any)?						

S. No.	Particulars	Self Assessment by the Applicant			Comments of the experts committee during on-site visit		
		Yes	No	Descriptive information by company (if any)	Yes	No	Remarks (if any)
C10	Testing of Tissue Culture Raised Plants (i) Records for testing of viruses and genetic fidelity for each batch of production (ii) Maintaining unique code/batch number till dispatch of plants						