

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

(Applicant should submit 3 copies of application 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. Tissue culture production facility should be fully functional (including all areas of laboratory and hardening facility)
2. 100% batch certification of tissue culture raised plants produced at the TCPF during recognition.
3. **Present Installed Production Capacity/Annum**

Section 1

1. Details of Certificate of Recognition

- (i) Registration No.
- (ii) Certification No.
- (iii) Date of issue:
- (iv) Valid up to:

1. Name of Tissue Culture Production Facility (TCPF)

1a. Postal Address of the office of TCPF:

Email:

Telephone (Landline):

Mobile:

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

Email:

Telephone (Landline):	
Mobile:	
1c). 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*
- iv. Declaration regarding total production (number of plants in lakhs) and sales (number of plants in lakhs) of the last Financial Year duly certified by chartered accountant

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).

- **Mother plant and Explant material**

Are you getting 100% stock cultures/mother plants tested/indexed for freedom from all the known viruses as listed in NCS-TCP website/SOPs? Yes/No

- Status of Plant Certification

(i) Are you getting batches of plants certified from ATLS? Yes/No

If yes:

Name of crop	Certification done based on	
	Virus indexing and genetic fidelity testing	Virus indexing only

(ii) Total plants certified since last renewal/recognition.

Total plants and batches produced and certified since last recognition			
	Produced	Certified	Remark, if any
Plants			
Number of Batches			

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. Renewal of recognition fee structure:

a. Application fee	Rs. 2000/-
b. Inspection fee:	
(i) Small scale companies (upto 1 million plantlets/annum)	Rs. 4000/-
(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. Recognition 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:

NCS-TCP Centralized Bank Account

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 RENEWAL OF RECOGNITION FOR TISSUE CULTURE PRODUCTION FACILITY UNDER NCS-TCP

(Part-A parameters (Shaded) 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 experts committee during site visit		
		Descriptive information by company (if any)	Yes	No	Remarks (if any)
A1.	Availability of following provisions in change area before entering into sterile areas of tissue culture production facility				
	Hand and leg washing facility				
	Dress change cubicle				
	Air curtain and or/Air shower facility				

S. No.	Particulars	Self Assessment by the Applicant (Yes/No)	Comments of the experts committee during site visit		
		Descriptive information by company (if any)	Yes	No	Remarks (if any)
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)				
	▪ Emergency exit				
	▪ Path marked by fluorescent strip for guiding the emergency exit				
	▪ Fire Alarm/ Smoke alarm				

S. No.	Particulars	Self Assessment by the Applicant (Yes/No)	Comments of the experts committee during site visit		
		Descriptive information by company (if any)	Yes	No	Remarks (if any)
	<ul style="list-style-type: none"> ▪ Fire Extinguisher 				
A4.	<p>Assured power supply arrangement (Indicate the nature of assured supply)</p>				
A5.	<p>Practice of sterilizing the garments for use in clean areas (Describe the arrangements)</p>				
A6.	<p><u>Equipment and Sterile facility:</u> (i) Functional equipments (Including electronic weighing balance, pH meter, conductivity meter, microwave oven, de ionizer/distillation unit/RO water facility, autoclave etc.)</p>				

S. No.	Particulars	Self Assessment by the Applicant (Yes/No)	Comments of the experts committee during site visit		
		Descriptive information by company (if any)	Yes	No	Remarks (if any)
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).				
	Media storage room				
	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 the autoclaving without men entering into the other area? (Pass box should have see through windows and fitted with UV Light)				
A9	Dedicated growth room/ transfer area				

S. No.	Particulars	Self Assessment by the Applicant (Yes/No)	Comments of the experts committee during site visit		
		Descriptive information by company (if any)	Yes	No	Remarks (if any)
A10	Primary Hardening Area: Mist chamber/Green house/Polyhouse				
	(i) Insect-proof greenhouse/polyhouse with double door entry				
	(ii) Facility to maintain humidity for primary hardening area				
A11	Secondary hardening Area (Nursery Area)				
	(i) Dedicated double door entry to check insect entry				
	(ii) Net house(s) covered with appropriate mesh to provide partial shade and without any openings to prevent insect entry				

S. No.	Particulars	Self Assessment by the Applicant (Yes/No)	Comments of the experts committee during site visit		
		Descriptive information by company (if any)	Yes	No	Remarks (if any)
A11	<u>Mother plant and Explant material</u> Getting 100% stock cultures/mother plants tested/indexed for freedom from all the known viruses as listed in NCS-TCP website/SOPs				
A 12	Certification of each batch of tissue culture plants produced during the last two years of recognition period				

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> _____ (i) Is washing room connected with the media preparation room for transfer of washed vessel through covered passage?						
	(ii) Do you have availability good quality of running tap water?						

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 separate basins for keeping glassware at different stages of washing?						
	(iv) Do you have provision for separate dipping of jars from the hardening area/infected cultures?						
	(v) Whether washing is done in enclosed or covered 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)
B2	Do you have plastic paint/water proof emulsion on the wall? <ul style="list-style-type: none"> • Media storage room • Inoculation room • 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?						
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?						
	(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						

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) 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?						
B7	Secondary Hardening Area (Nursery Area)						
	(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? (Not required if plants are sold early)						
Operational Requirements (B8 -B16)							
B8	<u>Washing 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) Is washing done mechanically/manually?						
	(ii) Is cleanliness being maintained?						
	(iii) Is drying of glassware done in ovens or at room Temperature						
B9	<u>Discarding used agar:</u>						
	(i) Do you autoclave the contaminated cultures? <i>(If no, please specify the procedure of decontamination)</i>						
	- 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 - 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?						
B11.	<u>Media Storage Room:</u> (i) Do you undertake regular particle count (at 6 months' interval) to support maintenance of class 1, 00, 000 sterility level?						
	(ii) Do you monitor the airborne microbe through microbial plating? If so, its 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)
	(iii) Do you fumigate the room periodically with the sterilant. If so indicate frequency?						
	(iv) Range of number of days (minimum 3-4 days) for which media is stored prior to inoculation						
	(v) Provision of UV light						
B12	<u>Inoculation Room:</u>						
	(i) Do you under take regular particle count (at six months' interval) to support maintenance of class 1, 00, 000 sterility level?						
	(ii) Do you fumigate room periodically with the sterilant. If so indicate frequency?						
	(iii) Do you monitor airborne microbe through microbial plating? If so, its frequency?						
	(iv) Are you following the 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)
	<ul style="list-style-type: none"> - Cleaning of pre-filters - Checking air flow - Checking efficiency of HEPA filters by exposing plates 						
B13.	<u>Incubation (Growth) room:</u>						
	(i) Do you undertake regular particle count (six months interval) to support maintenance of class 1, 00, 000 sterility level?						
	(ii) Do you monitor the airborne microbe through microbial plating? If so, its frequency.						
	(iii) Is the temperature in the growth room maintained uniform?						
	(iv) 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>(i) 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 tarce back the history of plants.</p>						
	<p>(ii) Maintaining records of:</p> <ul style="list-style-type: none"> • Temperature • Humidity • Moratlity of plants • Insects on yellow sticky cards 						

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 monitor plants for their growth & any other feature?						
	(iv) Do you monitor insect vector species through yellow stick cards						
	(v) Do you monitor the temp/humidity/light intensity?						
	(vi) Do you label individual hardening trays conveying the details of number of plants, date of transfer, batch number etc.?						
	(v) Do you use potable water/ good quality water for watering of plantlets? Please specify the TDS level						
	(vi) Do you avoid excessive watering and water-logging with drainage system						

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)
B16.	<u>Secondary Hardening (Nursery) Area</u>						
	(i) Has the production of tissue culture raised plants reached to secondary hardening stage?						
	(ii) Do you monitor plants for their growth or any other feature?						
	(iii) Do you monitor the insect vectors by yellow stick traps?						
	(iv) Do you label individual batch conveying the details of number of plants, date of transfer, batch number and batch size etc.						
	(v) Trays properly labeled for: <ul style="list-style-type: none"> • Tracing back the batch number • mortality of plants ‘ 						
<ul style="list-style-type: none"> • insects in yellow sticky traps 							

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)
Quality Practices (B17 -B18)							
B17.	<u>Multiplication cycle</u>						
	(i) Are you restricting number of multiplication cycles?						
	(ii) Are you strictly monitoring the procedures while transferring plantlets from: <ul style="list-style-type: none"> - Growth room to transfer area - Greenhouse to shade area - At the time of dispatch 						
	(iii) Are you following the SOPs as guidelines?						

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						
	(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)
Section III- Part C (Reporting/Documentation/Records)							
C-1	<u>Mother plant and Explant material:</u>						
	(i) Do you have clearly defined criteria (species wise) for the selection of elite plants?						
	(ii) Do you keep proper record for mother stock (such as unique code no. and passport data of the mother plant)?						
	(iii) Record 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)
C-2	<u>Media Preparation:</u>						
	(i) Calibration records for measuring equipment						
	(ii) Records for decontamination/discard of used agar						
	(iii) Stock solution, media preparation and autoclave cycle						

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)
C-3	<u>Media storage Room:</u>						
	(i) Do you maintain record for monitoring of the airbornemicrobe through microbial plating?						
	(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?						
C-4.	<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?						

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)
	<p>(iii) Do you maintain record keeping for:</p> <ul style="list-style-type: none"> - Efficiency of operators (through monitoring number of jars handled, multiplication rate, contamination losses, rooting percentage and general health of the culture etc.) <p>(iv) Calculating multiplication fold at the end of each passage</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)
C-5	<p><u>Incubation/Growth room:</u></p> <p>(i) Do you maintain record for:</p> <ul style="list-style-type: none"> - Contaminated cultures - Continuous temperature recording device - Light intensity/duration 						
	(ii) Do you make production schedules based on the protocol efficiency?						
C-6	Do you maintain particle count data in support of sterility class 100,000?						
	<ul style="list-style-type: none"> • Media storage Room 						
	<ul style="list-style-type: none"> • Inoculation Room 						
	<ul style="list-style-type: none"> • Incubation/Growth 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)
C-7	<u>Primary Hardening Area</u> (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)?						
	(iii) Do you maintain record of incidence of insect pests/diseases/vectors?						
C8	<u>Secondary hardening Area (Nursery):</u>						
	(i) Do you keep record of number of plants transferred/dead plants maintained batch-wise?						

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?						
C 9	<p><u>Farmer's Advisory/Feed back:</u></p> <p>Do you provide printed leaflets regarding package of practices for cultivation of tissue culture raised plants?</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)
	(i) Do you maintain record of farmers' feedback/data regarding field performance of tissue culture raised plants (if any)?						
	(ii) Are you following the unique code/batch number of certified T.C. plants till dispatch (as per SOPs)?						

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)
C-10	<p>Certification of Tissue Culture Raised Plants</p> <p>Do you maintain record for certification of each batch of tissue culture plants?</p>						