

		Non-Indian Entity covered under section 3(2) of the Act Entity covered under section 7 of the Act
(4)	<b>Complete address</b> <i>Postal address including PIN code, email, mobile and alternate mobile numbers and/or landline number)</i>	
(5)	<b>Details of biological resource used</b>	
(i)	Scientific and common name of the biological resource	
(ii)	Country from where biological resource was/were accessed	
(iii)	Whether the country from which the biological resource were accessed is a Party to Nagoya Protocol	Yes/No (Please tick whichever is applicable)
(6)	<b>Whether approval of the Competent National Authority of the country of origin of biological resource has been obtained</b>	Yes/No [drop down- list of country]
(i)	Details of the ABS-CH Unique Identifier of internationally recognized certificate of compliance ( <i>if available</i> ).	
(ii)	If the internationally recognized certificate of compliance is not available, the following information may be provided	
	(a) Source of the biological resource	
	(b) Purpose of the utilization of the biological resource	Research Commercial utilization Obtaining intellectual property rights Others
(iii)	Details of patent applications filed, if any	
<b>Declaration</b>		
I/we hereby declare that I/we have complied with the provisions of prior informed consent and mutually agreed terms of the country from where the biological resources have been obtained. I/ we hereby declare and solemnly affirm that the information provided above is true and correct to the best of my knowledge.		
<b>Place:</b>		
<b>Date:</b>		<b>Signature of the Applicant</b>

**FORM-11***{See section 7 of the Act and rule 19(1)}***Application cum format for obtaining certificate origin for cultivated medicinal plants***(to be issued by the Biodiversity Management Committee)*

<b>Unique Identity Number</b> ( <i>Alpha numeric to be assigned by the BMC</i> ) CODE: State/District/ Mandal/ Taluk/ Town/ Village/ BMC/ Year/ Company Name / numerical Number			
<b>Sl.no</b>	<b>Particulars</b>	<b>:</b>	<b>To be filled by the applicant</b>
(1)	<b>Name of the Biodiversity Management Committee</b>	:	..... (Village or Town / District / State / Union Territory)
(2)	<b>Name of the applicant</b>	:	
(3)	<b>Complete Address</b> <i>(Postal address including PIN code, email, mobile and alternate mobile numbers and/or landline number)</i>	:	
(4)	<b>Name of the species and varieties to be accessed</b>	:	Common name Scientific name (Genus and species/variety/strain, (if known)

		Parts
(5)	Name of the cultivator / farmer	:
(6)	Postal address including PIN code, email, mobile and alternate mobile numbers and/or landline number	:
(7)	Geo-coordinates of the cultivated area	:(If known)
(8)	Survey number of the land	:
(9)	Extent of area under cultivation of the medicinal plants (in acres)	:
(10)	Approximate quantity of cultivated medicinal plants for which certificates is required	:(in kg /quintal / tonne/bale) -dry weight or -wet weight
(11)	Purpose of access	:
(12)	Period of access	:{from .....( Month) to.....(Month)}
(13)	Price of the medicinal plants (per- kg /quintal / tonne/bale)	:

I/we hereby declare and solemnly affirm that the information provided above is true and correct to the best of my knowledge.

Place

Signature

Date

Name

### CERTIFICATE

This is to certify that the request made by a company/trader/individual/entity has been carefully examined and the medicinal plants have been physically verified in the field. The information given in the application form has been verified from the concerned books [page no... sl.no.... date....] maintained by the Biodiversity Management Committee.

It is certified that the above mentioned medicinal plants are from the cultivated source and meet the criteria prescribed under section 7 of the Biological Diversity (Amendment) Act, 2023 read with rule 19 of the Rules.

This certificate is valid **up to two years** from the date of issue.

Date:

(Name)

Place:

Signature of the authorized person of the BMC

Seal

### FORM-12

{See section 7 of the Act and rule 19(4)}

**Format of book containing details of cultivated medicinal plants to be maintained by the Biodiversity Management Committee**

.....Biodiversity Management Committee,..... Panchayat/ Urban Local Body  
(Specify whether area is covered under The Panchayats Extension to Scheduled Areas (PESA) Act, 1996, wherever applicable)