Annexure – IA

**Application Form for Surveillance Assessment**

 (Attach separate sheets if necessary for more information)

Affix latest passport size photograph of the Head of the organization

1. Applicant Organization (AO):
	* + - 1. Name
				2. Head Office- address, email, telephone:
				3. Branch Office/s- addresses, email, telephone:
				4. Website:

1. Name of Head of the Applicant Organization with designation:
2. Contact person details:
	* 1. Name :
		2. Tel No.:
		3. Mobile:
		4. Email:
3. Legal Status of the Organization (please mark (√) the appropriate status):

a) Public/Private/Government

b) Company/ Partnership/ Proprietorship/ Registered Society

c) Research/Academic Institute

d) Industry Association

e) Others (please specify and attach necessary evidence)

1. Date of Registration/Incorporation (DD/MM/YYYY)

 (Attach copy of certificate of incorporation/registration)

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1. Year of Establishment
2. Services provided by the organization
3. Before initial accreditation
4. After initial accreditation (new fields ventured in)
5. EIA related activities started/initiated from the Year:
6. Initial Accreditation/Re-accreditation:
	* + - 1. Effective from (DD/MM/YYYY):
				2. AC MoM - (DD/MM/YYYY):
7. Annual Income of the Organization (INR):

 (attach balance sheet and IT returns for last three year)

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| --- | --- | --- | --- |
| **Income** | **FY** | **FY** | **FY** |
| Total Income (INR) |  |  |  |
| EIA related Income (INR) |  |  |  |
| Income from other environmental services (INR) |  |  |  |

1. Organizational Structure (with details of locations/associates etc.). For multi-functional organizations, the organizational structure of the stream(s) related to EIA work may be detailed out **(attach organization chart and other details).**
2. Sectors approved, newly applied and FAEs approved/proposed to meet the Schemes’ requirements (vide Annexure IIA) -

| **Sl. No.** | Group No.(Sectors included) | Sectors | Availability of FAEs (approved/applied) Pl tick (Y/N) | Remarks |
| --- | --- | --- | --- | --- |
| **Approved** | **Applied** |  | **In-house****(tick if covered)** | **In-house/ Empanelled** **(tick if covered)** |
|  | Group 18,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25, 40 (i,ii,iii,v) |  |  |  FA | AP | AQ | WP |  | LU | N | EB | SE | HG | HW  | ISW | RH |  |  |  |
| Approved |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Applied |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Group 24, 9, 40(iv) |  |  |  FA | AP | AQ |  | LU | WP | EB | SE | N | ISW | RH |  |  |  |  |
| Approved |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  Applied |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Group 31, 3 |  |  |  FA | WP | SE | EB | LU | AP | AQ | NV | Geo | HG | SC | HW | ISW |  RH |  |
|  | Approved |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  Applied |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Group 46, 7 |  |  |  FA | AP | WP | ISW | LU | AQ | EB | Geo | SE | RH | HW |  |  |  |  |  |  |  |  |
|  | Approved |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  Applied |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Group 52,27,29,31,33,34,35 |  |  |  FA | WP | EB | SE | LU | AP | AQ | NV | SC | SHW | HG | RH |  |  |  |
|  | Approved |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  Applied |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Group 628,30,32,36,37 |  |  |  FA | SHW | WP |  | LU | AP | AQ | EB | SE | Geo | HG | RH |  |  |  |
|  |  Approved |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  Applied |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Group 738, 39 |  |  |  FA | WP | MSW |  | LU | AP | N | EB | SE | HG | SC |  |  |  |  |
|  | Approved |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  Applied |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

 Abbreviation for Functional Areas

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| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Functional area** | **Abbr** | **Sl.****No.** | **Functional area** | **Abbr** |
| 1 | Land Use  | LU | 7 | Socio Economic | SE |
| 2 | Air Pollution Monitoring, Prevention and Control | AP | 8 | Hydrology, Ground Water and Water Conservation | HG |
| 3 | Meteorology, Air Quality Modelling and Prediction  | AQ | 9 | Geology | GEO |
| 4 | Water Pollution Monitoring, Prevention and Control | WP | 10 | Soil Conservation | SC |
| 5 | Ecology and Bio-diversity | EB | 11 | Risk Assessment and Hazard Management | RH |
| 6 | Noise and Vibration | NV | 12 | Solid and Hazardous Wastes | SHW\* |
| \*SHW comprises **SW -** Solid Waste including MSW and Construction and Demolition (C&D), **HW** - Hazardous Waste including plastic & e-wastes and Industrial solid Waste (ISW), **BMW** - Bio-Medical Waste  |

1. Compliance to following conditions of Accreditation

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| --- | --- | --- | --- |
| **Sl.****No.** | **Description** | **Yes/No** | **Attach doc evidence, if applicable**  |
|  | Timely information and replacement of changes in approved experts  |  |  |
|  | All applicable core and significant FAs are covered by approved experts/eligible candidates (vide Table 8 below) |  |  |
|  | Using only NABL accredited/MoEFCC recognized laboratories |  |  |
|  | Not utilizing any unapproved expert in EIA preparation |  |  |
|  | Inclusion of names of EC & FAEs in EIA reports in the prescribed format |  |  |
|  | Timely payments to NABET |  |  |

1. Status of employees/ experts:
2. Total number of employees:
3. Experts involved in EIA work:

|  |  |  |  |
| --- | --- | --- | --- |
| **Experts**  | **In-house** | **Empanelled** | **Total** |
| EIA coordinators (EC) |  |  |  |
| Functional area experts (FAE) |  |  |  |
| Functional Area Associates(FAA) |  | NA |  |
| Team Members(TM) |  | NA |  |
| Mentors |  |  |  |
| Associate EC(AEC) |  | NA |  |
| Total |  |  |  |

1. List of Approved Experts:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.****No.** | **Name** | **IH****/Emp.** | **Current status****(whether still with ACO)** | **Sectors/ FAs applied in IA/RA** | **Sectors/ FAs approved in IA/RA** | **Sectors/ FAs now dropped**  | **New sectors/ FAs proposed in SA** |
| **EIA Coordinator/s** |
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| **Functional Area Expert(s)** |
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1. New Candidates proposed

| **Sl.****No.** | **Name** | **In-house/ Emp.** | **Sector(s( or functional area(s) as per Scheme** |
| --- | --- | --- | --- |
| **EIA Coordinator(s)** |
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| **Functional Area Expert(s)** |
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1. Associate EIA Coordinator (In-house):

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| **Sl.****No.** | **Name** | **Sector/s****(max 2)** | **Name of approved Cat. A EC** |
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1. Functional Area Associates (FAA) proposed:

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| **Sl.****No.** | **Name of proposed FAA** | **FA applied****(max 2)** | **Name of approved FAE/Mentor** | **AC MoM** |
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1. Team Member- In-house (maximum two Sectors and/or two FAs)

 (to make sure that the TM proposed meets the qualification requirements)

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| **Sl.****No.** | **Name** | **Qualification** | **Sector****/FA** | **Name of approved EC/FAE** | **Project assigned** |
| **With EIA Coordinators** |
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| **With Functional Area Experts**  |
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1. Mentors

 (To make sure that the Mentors proposed meet the qualification requirements of FAs)

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| **Sl.** **No.** | **Name** | **IH/Emp** | **Qualification** | **Yrs. of Exp** | **FAs to guide (if any)** |
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1. Laboratories Details:
	1. Field monitoring for collection of baseline physical environmental data done by:

 In-house laboratory External laboratory

* 1. Laboratories being used since IA/RA:

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| **Sl.****No.** | **Name of the laboratory\*** | **NABL accredited/ MoEFCC recognized**  | **Copy of MoU/ Agreement with laboratory/ defining scope of work**  |
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 **\***the following details are to be provided for each laboratory being used.

* 1. For NABL approved laboratories:
1. Copy of accreditation certificate-Scope of accreditation whether it covers the basic and comprehensive parameters for water & waste water, ambient air quality, stack emission, soil, and noise.

 **List of parameters**

|  |  |  |
| --- | --- | --- |
| **NABL Accredited/ MOEF recognized laboratories**  | **Parameters to be covered** | **Parameters being covered** |
| Water & waste water | Basic- pH, DO, BOD, COD, MPN, Colour, Odour, TDS, TH, Calcium Hardness, Mg, Cu |  |
| Additional for comprehensive- Hg, Cd, Se, As, CN, Pb, Zn, Cr6+ , MBAS) |  |
| Ambient Air Quality | Basic- PM10, PM2.5, SO2, NO2, CO |  |
| Additional for comprehensive - NH3, O3, C6H6, BaP, Pb, As, Ni, HC (methane & non-methane), VOC |  |
| Stack emission | Basic- PM, SO2, NOX, Fluorides, NH3 |  |
| Additional for comprehensive - Hg for TPP |  |
| Soil characteristics | Basic- pH, EC, N, P K, OC, P2O5, nitrites, nitrates, soluble cations-Na, Ca, Mg, K, moisture, bulk density, particle size distribution, moisture, texture, porosity, SAR |  |
| Additional for comprehensive - Pb, Mn, Fe, Ni, Ba, Zn, Cu, Cr6+, Cd, Hg |  |
| Noise monitoring |  |  |

15.4 For MoEFCC recognized laboratories attach copy of Gazette Notification.

1. Enclose a copy of Quality Management System manual meeting the requirements of **Appendix B** of the Scheme. Also confirm if NCs / Obs. issued during IA on QMS have been addressed including closure action on each of these.
2. Application Fee: Amount---------- Submitted ----------
3. **Declaration**

I have carefully read all NABET guidelines for accreditation of EIA consultant organization. The eligibility criterion including academic as well as professional qualifications and experience claimed by all the candidates whose resume are enclosed with the application form are verified and endorsed by me. I hereby confirm that the true copy of Marks Sheets/Certificates for essential educational qualification candidates proposed, if asked for by NABET, would be duly verified by me before submission. I confirm that the information provided in the application form is correct to the best of my knowledge and belief.

I authorize NABET to make any enquiry as deemed fit as part of the reviewing process. I understand that in case any information is found to be incorrect; it may result in rejection of this application and/or disqualification.

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NABET will treat the documents submitted by ACO in confidence. However, the same may be used by NABET for research purpose, legal requirement and for submission to MoEFCC. Such information will not be shared with any other organizations without written permission of the ACO.

If accredited, the organization commits to abide by the conditions of accreditation and notify NABET immediately for any changes in the status which have bearings on accreditation of the organization.

Signature:

Name (authorized signatory):

Designation:

Date:

**Checklist of Enclosures – Surveillance Assessment**

 Ensure that the following are enclosed with the application:-

|  |  |  |
| --- | --- | --- |
| Sl. No. | Documents to be enclosed | Yes/ No / Give Ref. |
|  | Copy of the Gazette Notification and MoU/ Agreement for MoEFCC recognized laboratories utilized  |  |
|  | Copy of the Accreditation certificate, scope of accreditation and MoU/ Agreement for NABL accredited laboratories utilized |  |
|  | QMS Manual meeting the requirements of **Appendix B** of the Scheme |  |
|  | Annexure IV : Resume, Experience Details and Declaration |  |
|  | Annexure IV, Annexure VI A4 – Resume and work details for approved EC, if s/he has carried out work after SA |  |
|  | Annexure IV, Annexure VI A5 – Resume and work details for approved FAE, if s/he has carried out work after SA |  |
|  | Annexure 1F - Report on work done by approved FAA/TM  |  |
|  | Annexure VI A1 - List of EIA Reports prepared/completed during the period between SA to RA giving requisite details  |  |
|  | Soft copy of 2 EIA Reports (as identified by NABET) with declaration by names and signatures of experts involved in the EIA/s  |  |
|  | Copies of the minutes of EAC/SEAC meetings for the EIAs identified by NABET |  |

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