



EXCELLENT OPPORTUNITY FOR SMEs in Food Processing Sector

For this Study Mission in the case of 'not-for-profit' organization & SMEs, round trip economy class international travel fare by the most direct route between the international airport nearest to the participant's place of work will be borne by the Asian Productivity Organization, Tokyo. Hotel charges at the venue of the programme will be met by the implementing organization for all categories of participants.

Details are being forwarded to IIA members for kind information and necessary action.

D.S. Verma
Executive Director



Indian Industries Association

IIA Bhawan, Vibhuti Khand Gomti Nagar Lucknow-226010

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Website : www.iaonline.in

Note: Use E-mails - Save Paper - Protect Trees & Go Greener

From: k.babbar@npcindia.gov.in [<mailto:k.babbar@npcindia.gov.in>]

Sent: Wednesday, August 01, 2012 12:54 PM

To: iaa@iaonline.in;

Subject: PN 31208-12-AG-07-GE/DC-OSM-B: Multicountry Observational Study Mission on Best Practices and Systems for Food Safety and Quality Applicable to Food-processing SMEs. from 12-17 November, 2012, Tokyo and Shizuoka, Japan.

NATIONAL PRODUCTIVITY COUNCIL

Utpadakta Bhavan

5-6 Institutional Area

Lodi Road, New Delhi – 110 003

Fax No. 91-11-24615002, Ph.24607343(D), Email: isg@npcindia.gov.in

Sub: 12-AG-07-GE/DC-OSM-B: Multicountry Observational Study Mission on Best Practices and Systems for Food Safety and Quality Applicable to Food-processing SMEs from 12-17 November, 2012, Tokyo and Shizuoka, Japan.

Dear Sir,

Enclosed please brief details of the project notification (PN) relating to the above-referred APO programme. The names of suitable officers for participation as per the para **(Qualifications of**



INDIAN INDUSTRIES ASSOCIATION

AN APEX BODY OF MICRO, SMALL & MEDIUM ENTERPRISES
(IN THE SERVICE OF MSME SINCE 1985)

Candidates) of the project notification may kindly be forwarded in triplicate on the Performa enclosed in respect of each candidate so as to reach us latest **23rd August 2012**. The nominations received after the last date will not be considered. Prospective candidates are strongly advised to **submit the advance copies of their nominations in the prescribed format**, to take care of the administrative delays and avoid the risk of rejection of nominations on account of late receipt.

In the case of 'not-for-profit' organization & SMEs, round trip economy class international travel fare by the most direct route between the international airport nearest to the participant's place of work will be borne by the Asian Productivity Organization, Tokyo. Participants from other organizations, will have to travel on their own account. Hotel charges at the venue of the programme will be met by the implementing organization for all categories of participants.

Though NPC is encouraging advance nominations to speed up the process, it is the responsibility of the candidates to complete all the official formalities required by their organizations/department before proceeding abroad. The nomination form may be accompanied by a draft of Rs. 1000/- (NON-REFUNDABLE) drawn in favour of National Productivity Council, New Delhi (Rs. 500/- for SSI Units, trade unions and NGO's) for each participant. In the absence of application fee and three copies of bio-data, the nominations will not be considered. In case of selection by APO, NPC will charge Rs. 6,000/- (Rs. 3,000/- for SSI Units, Trade Unions and NGO's) per participant towards handling charges and membership fee for the APO Alumni Association of India (AAAI). In case of profit making organizations, the handling charges would be Rs. 12,000/- per participant.

Detailed Project Notification can be downloaded from the APO website www.apo-tokyo.org (upcoming projects-Project Notification)

Thanking you,

Yours faithfully,

(Manoj Saxena)
GH (Int'l Serv.)
for Director General
e-mail: isg@npcindia.gov.in

Asian Productivity Organization

Hirakawa-cho Dai-ichi Seimei Bldg. 2F
1-2-10, Hirakawa-cho, Chiyoda-ku
Tokyo, 102-0093 Japan



Tel:(81-3)5226-3920 Fax:(81-3)5226-3950
E-mail: apo@apo-tokyo.org
URL: www.apo-tokyo.org

PROJECT NOTIFICATION

No. 31208/12

Project Code	12-AG-07-GE/DC-OSM-B
Title	Multicountry Observational Study Mission on Best Practices and Systems for Food Safety and Quality Applicable to Food-processing SMEs
Duration & Timing	12-17 November 2012
Venue	Tokyo and Shizuoka, Japan
Implementing Organization	Asian Productivity Organization
Closing Date for Nominations:	23rd August 2012

Objectives:

- To deepen understanding of the essential parts of the food safety management systems such as HACCP or ISO22000;
- To share recent developments in various types of food safety management practices and systems that can achieve results similar to conventional systems like HACCP or ISO22000 with more economically feasible conditions for food-processing SMEs;
- To consider strategies for member countries to develop their own specific food safety management systems that can be improve safety and quality levels and can be achieved by local food-processing SMEs without putting extra burdens; and
- To seek strategies for member countries to assist local food-processing SMEs in establishing food safety management systems such as HACCP or ISO 22000 more easily.

Background:

Food safety and quality are increasingly becoming major concerns for the food industry since consumers are now more conscious of the quality and safety of the food they buy. They are also more sensitive to production processes and demand greater quality and safety assurances from agribusiness and food companies with reliable information.

Against this background, the food-processing industry has been developing diverse management systems including HACCP and ISO 22000 to control food safety and quality in the production process. However, several factors are adversely affecting the successful establishment and smooth operation of these food safety management systems by food-processing SMEs. One factor is lack of clear understanding of the essential parts of these systems. The other factor is limited financial and human resources faced with small-scale enterprises.

To address this issue, local governments in Japan have formulated a simplified version of HACCP designed to be easily applied by SMEs. Thus, small food-processing enterprises are encouraged to improve their capability for food safety management gradually using this "mini" of "simplified" version of HACCP. Furthermore, there are cases where some food-processing

small scale enterprises have successfully obtained certificate of advanced management systems like ISO22000 by understanding the system well and elaborating their best approach to take certificates.

This OSM is aimed at deepening the understanding of the core and essential components of the modern food safety management systems such as HACCP, ISO 22000 and increasing knowledge of various types of practices and systems to ensure food safety and quality in food-processing companies without relying on conventional advanced systems. It will also attempt to develop strategies for promoting the mini or simplified version of conventional food safety management systems in each member country and seek strategies to make certificates of the modern food safety management systems more accessible to local food-processing SMEs.

Shizuoka was selected as a field visit venue due to its high concentration of food-processing enterprises and unique approach to disseminating mini HACCP among local food-processing SMEs.

Scope and Methodology

The study mission will consist essentially of observational visits to relevant facilities in the host country and lead presentations.

Topics to be covered

- Various approaches undertaken by food-processing companies in the host country to achieve the same level of food safety and quality as with HACCP and ISO 22000;
- A simplified version of HACCP more easily adopted by SMES; and
- Experiences of food-processing SMEs in implementing the simplified version of HACCP.

Requirements for Candidates:

Nominees should be preferably between 30 and 55 years of age with university degree or equivalent qualification. He or she should be government officials, preferably mid-senior level, engaged in regulating or promoting food safety management systems such as GMP, HACCP, and ISO 22000 (ii) Managers or officials of food-processing SMEs or industry associations engaged in food safety activities like GMP, HACCP, and ISO 22000 (iii) NPO consultants or researchers involved in food safety and quality management systems. The nominated candidate should have at least five years of public or private-sector experience in food safety/quality policies and/or the food-processing industry.

Financial arrangements:

Round-trip, economy-class international airfare by the most direct route between the international airport nearest to the participant's place of work and Narita or Haneda **for participants from nonprofit organizations and SMEs will be borne by the APO.**

Round-trip international airfare between the member country and Narita or Haneda; and Participating Country Expenses at US\$50 per participant, payable to the APO in convertible currency **for participants from profit-making organizations, except for SMEs, will be borne by the participants/participating organizations.**

However, all taxes including airport tax, security tax, fuel surcharge, visa-fees, service tax etc. will have to be borne by participants/participating organizations.

(Signed)
RYUICHIRO YAMAZAKI
Secretary-General

Asian Productivity Organization



Attach
Recent
Photograph
Here
(approx. 4x5cm)

CANDIDATE'S BIO-DATA (Please Type or Print)

Project code:
Project Title:

A. PERSONAL DATA

NAME	Dr./Mr./Mrs./Ms Other ()		Passport	Number:
	(Please type your name as indicated in your passport. Underline surname / family name. Include Chinese character, if any)			Date and Place of Issue:
				Expiry Date:
NATIONALITY		DATE OF BIRTH Yr: M: D:	SEX: MALE / FEMALE	
PRESENT POSITION			SINCE WHEN	
NAME OF COMPANY/ ORGANIZATION	URL: http://		DATE JOINED	
ADDRESS OF THE COMPANY/ ORGANIZATION	Address: Tel: Fax: Email:			
TYPE OF BUSINESS			TOTAL NO. OF EMPLOYEES	
TYPE OF ORGANIZATION	<input type="checkbox"/> Govt ministry/ Agency	<input type="checkbox"/> University/ Institutions	In case of Private company:	<input type="checkbox"/> SME <input type="checkbox"/> Non-SME
	<input type="checkbox"/> Govt/ State/ Local govt Owned Enterprise	<input type="checkbox"/> NGO/ Association		
HOME ADDRESS OF THE CANDIDATE	Address: Hand Phone: Email:			
CONTACT PERSON IN CASE OF EMERGENCY	Name: Relationship: Address: Tel: Fax: Email:			
DIETARY RESTRICTION	If any, please specify:			

(Kindly be informed that this bio-data form must be submitted and processed through National Productivity Organization (NPO) of the respective member country. Forms, sent directly to the APO Secretariat would be neither processed nor acknowledged. A soft copy of the form could be downloaded from the APO website at www.apo-tokyo.org.)

B. ACADEMIC QUALIFICATION			
University/Institution (Bachelor and post graduate only)	Major Field of Study	Cert. /Diploma/Degree	Year

C. TRAINING/ SEMINAR (Last 5 years only)		
<i>University/ Institute/ Org.</i>	Major Field of Training/Seminar	Year

**D. 1. PARTICIPATION IN OTHER APO PROJECTS (Last 5 Years only)
2. Details of Foreign Visits.**

YES NO If yes, please specify below

PROJECT	DATES	YEAR

E. PRESENT JOB DUTIES/ACTIVITIES

State your present job duties and other activities in consultancy, training, research and publication relevant to the project. Please attach organization chart, and highlight your position.

F. PREVIOUS EMPLOYMENT / JOB EXPERIENCE

For each previous employment / job experience, please give designation, organization worked for, period of employment, and job duties.

G. OBJECTIVE FOR PARTICIPATION

Kindly refer to Project Notification, and state relevancy of project to your work, and indicate your expectation (s) from the project.

H. DECLARATION BY CANDIDATE

I hereby declare that I have read and understood the APO Project Notification for this project. I further declare that the information as provided by me in this document is true and accurate. I understand and accept that any false declaration of information on my part will disqualify me from the project, even when it is in progress.

I hereby also undertake to abide by the regulations prescribed by the APO, the host country(ies), and the implementing organization(s) during the entire period of this project, and to participate fully in it.

Signature: _____

Date:

Name:

I. CONFIRMATION OF CANDIDATE'S ENGLISH LANGUAGE PROFICIENCY (To be filled by APO Director/Alternate Director/Liaison Officer)

The candidate's English Language proficiency has been evaluated as follows:-

- As fluent as the candidate's native language.
- Competent to participate in discussion and express himself.
- Proficient enough to follow lectures/discussions, but will have difficulties in expressing ideas and giving comments.

I further certify that the candidate belongs to:

- Profit-making organization
- Non-profit making organization

Signature: _____

Name: _____

Designation: _____

Date: _____

**ASIAN
PRODUCTIVITY
ORGANIZATION**

HIRAKAWACHHO DAIICHI
SEIMEI BUILDING
1-2-10 HIRAKAWACHO,
CHIYODA-KU, TOKYO
TOKYO 102-0093, JAPAN
TEL : (813) 5226-3920
FAX : (813) 5226 2050

APO MEDICAL AND INSURANCE DECLARATION FORM

Only for Applicant without any of the Health Conditions listed on the Reverse Side

1. NAME (last name, first name, middle name)		
2. DATE OF BIRTH	3. NATIONALITY	4. SEX () Male () Female
5. APO PROJECT CODE AND NAME (VENUE)		
<p>I hereby declare that :</p> <ul style="list-style-type: none"> a. I have read carefully the Project Notification of the above APO project and declare that I have the physical and mental fitness to attend the APO project; b. I have had no health conditions listed on the reverse side during the last 5 years and am free from any ailment likely to impair the health of others or affect my participation in the APO project; c. I shall secure the required comprehensive travel insurance as specified in the Project Notification of the above APO Project; d. I understand that neither APO nor the implementing organization shall be liable for any medical or other costs incurred during the project, except for those specifically stated in the Project Notification; and e. I shall bring with me the necessary medicines for minor illness as prescribed by my physician since they may not be readily available at the venue of the above APO project. <p>I affirm this declaration on medical and insurance requirements of the APO project as specified in the Project Notification.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> <p>Date</p> </div> <div style="width: 45%; text-align: center;"> <hr style="width: 80%; margin: 0 auto;"/> <p>Applicant's Signature</p> </div> </div>		

APO MEDICAL AND INSURANCE CERTIFICATION FORM

Only for Applicant having any of the Health Conditions stated under item. 6 below

1. NAME (Last name, first name, middle name)		
2. DATE OF BIRTH	3. NATIONALITY	4. SEX () Male () Female
5. APO PROJECT CODE AND NAME (VENUE)		
6. Please indicate “Yes” or “No” if you had ever had any of the following during the last 5 years :	YES	NO
a. Tuberculosis, asthma, emphysema, or other lung illnesses		
b. High blood pressure, heart by-pass, heart attack or other heart diseases		
c. Stomach ulcer, liver (hepatitis), gall bladder disease		
d. Kidney problem, stone or blood in urine		
e. Diabetes, sugar or glucose in blood or urine		
f. Depression, attempted suicide, or other psychological symptoms		
g. Tumor, abnormal growth, cyst or cancer		
h. Bleeding disorder, blood disease (sickle cell anemia)		
i. Malaria, Cholera, small pox or epidemic disease		
j. Allergy		
k. Other serious illnesses (Please specify)		
<p>I certify that the above information is true and correct to the best of my knowledge. I understand that neither APO nor the implementing organization shall be liable for any physical or mental problem that I may develop during my participation in the APO project and that I shall be responsible for bringing with me necessary medicines as prescribed by my physician since they may not be available at the venue of the project. Further, I understand that I shall have to secure the required comprehensive travel insurance as specified in the project Notification of the above APO Project.</p>		
_____	_____	
Date	Applicant’s Signature	
TO BE COMPLETED BY A MEDICAL DOCTOR		
Based on above given information, I have examined the above applicant and certify that he/she is free from any ailment likely to impair the health of others and fit to participate in the APO project referred to in this form.		
Hospital/Clinic’s Name	: _____	
Examiner’s Name & Title	: _____	
Examiner’s Signature	: _____	Date : _____
Remarks, if any	: _____	