



PROFICIENCY TESTING CENTRE  
PESTICIDE MANAGEMENT DIVISION  
NATIONAL INSTITUTE OF PLANT HEALTH MANAGEMENT  
Rajendranagar, Hyderabad-500030, Telangana State, INDIA



<http://nipm.gov.in>  
Telephone: +91-40-24002068

e-mail: [ptcnipm@gmail.com](mailto:ptcnipm@gmail.com)  
Tele Fax: +91-40-24015329

PLAN FOR  
PROFICIENCY TESTING SCHEMES  
2024-25

PESTICIDE FORMULATION ANALYSIS

PT Scheme Code	Announcement of PT program	PT Item	Test Parameters
PTC/PF/01/24-25	May 2024	Lambda Cyhalothrin Technical	Active ingredient
PTC/PF/02/24-25	May 2024	Imidacloprid WS	Active ingredient Sieve Test
PTC/PF/03/24-25	May 2024	Fenvalerate EC	Active ingredient Cold Test
PTC/PF/04/24-25	October 2024	Acetamiprid SP	Active ingredient pH
PTC/PF/05/24-25	October 2024	Fipronil SC	Active ingredient
PTC/PF/06/24-25	October 2024	Tricyclazole Technical	Active ingredient

**Participation Fees: Rs. 14,000 + GST as applicable**

**Eligibility criteria:** Pesticide formulation Testing Laboratory going for Accreditation.  
Accredited Pesticide Formulation Testing Laboratory.



सत्यमेव जयते

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## REGISTRATION AND PAYMENT

### REGISTRATION:

Interested participants are required to fill the Registration form given in **Annexure D** and send to ***The Director Pesticide Management, National Institute of Plant Health Management, Rajendra Nagar, Hyderabad - 500030, Telangana*** along with necessary payment either through Demand draft or through online;

### PAYMENT DETAILS:

Participant can pay the fees through **Demand Draft** in the name of "National Institute of Plant Health Management" Payable at Hyderabad.

#### or through Online ;

- |                            |   |
|----------------------------|---|
| 1. Name of the Beneficiary | : NIPHM COLLECT ACCOUNT                           |
| 2. Name of the Bank        | : State Bank of India                             |
| 3. Branch                  | : Rajendranagar, Hyderabad - 500030,<br>Telangana |
| 4. IFSC                    | : SBIN0020074                                     |
| 5. Bank A/C No.            | 40373518076                                       |

### CONTACT DETAILS:

Any query related to PT programs may be sent to [ptcniphm@gmail.com](mailto:ptcniphm@gmail.com)



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**ANNEXURE - D  
Registration Form**

<b>1 Details of Participants</b>		:	
a.	Name of the Organization	:	
b.	Complete Postal Address <i>(For delivery of Sample / PT Item) and for correspondence</i>	:	
c.	Phone No.	:	
d.	Name of Contact Person with Designation	:	
e.	Email ID	:	
f.	Mobile No.	:	
<b>2 Details of PT Scheme</b>		:	
a.	Name of PT scheme you wish to participate <i>(Give Name of Commodity)</i>	:	
b.	PT Program No.	:	
<b>3 Payment Details</b>		:	
a.	NEFT transaction detail <i>(please attach Scan copy of transaction)</i>	:	
b.	GST Details	:	

Signature :  
Name of Contact Person :  
Designation :