



PLAN FOR PROFICIENCY TESTING SCHEMES 2018-2019

PESTICIDE FORMULATION ANALYSIS

PT Scheme Code	Announcement of PT program	PT Item	Test Parameters
PTC/PF/01/18-19	June 2018	Acetamiprid Technical	Active Ingredient
PTC/PF/02/18-19	June 2018	Thiophenate Methyl WP	Active Ingredient
			Suspensibility
PTC/PF/03/18-19	December 2018	Atrazine WP	Active Ingredient
			Suspensibility
PTC/PF/04/18-19	December 2018	Emamectin Benzoate SG	Active Ingredient
			Sieve Test

Participation Fees: Rs. 12,000 + GST as applicable

PESTICIDE RESIDUE ANALYSIS

PT Scheme Code	Announcement of PT program	PT Item	Test Parameters
PTC/PR/01/18-19	June 2018	Wheat Powder	See Annexure - B
PTC/PR/02/18-19	June 2018	Apple Puree	See Annexure - A
PTC/PR/03/18-19	December 2018	Rice Powder	See Annexure - B
PTC/PR/04/18-19	December 2018	Cauliflower	See Annexure - A

Participation Fees: Rs. 20,000 + GST as applicable



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



<http://niphm.gov.in>
Telephone: +91-40-24010106

e-mail: dirpmniphm-ap@nic.in
Tele Fax: +91-40-24015329

REGISTRATION AND PAYMENT

REGISTRATION:

Interested participants are required to fill the Registration form given in **Annexure C** 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 REVENUE ACCOUNT |
| 2. Name of the Bank | : State Bank of India |
| 3. Branch | : Budvel Branch, Teachers Colony, Budvel
Rajendranagar, Hyderabad - 500030,
Telangana |
| 4. IFSC | : SBIN0012818 |
| 5. Bank A/C No. | : 32917658917 |



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ANNEXURE - A

Sr. No.	Test Parameter	Sr. No.	Test Parameter
1	α -HCH	28	Bifenthrin
2	β -HCH	29	Deltamethrin
3	γ -HCH (Lindane)	30	Fenpropathrin
4	δ -HCH	31	Fenvalerate
5	Endosulfan-I	32	λ -Cyhalothrin
6	Endosulfan-II	33	Carbaryl
7	Endosulfan sulfate	34	Carbofuran
8	Dicofol	35	3-hydroxy carbofuran,
9	<i>p,p'</i> -DDE	36	Methomyl
10	<i>p,p'</i> -DDD	37	Imidacloprid
11	<i>p,p'</i> -DDT	38	Thiodicarb
12	Chlorpyrifos	39	Thiacloprid
13	Acephate	40	Thiamethoxam
14	Dichlorovos	41	Acetamiprid
15	Dimethoate	42	Spinosad
16	Omethoate	43	Emamectin benzoate
17	Ethion	44	Malaoxon
18	Malathion	45	Methamidophos
19	Monocrotophos	46	Fluvalinate
20	Parathion-methyl	47	Phorate sulphoxide
21	Phorate	48	Phorate sulfone
22	Phosphamidon	49	α -Cypermethrin
23	Quinalphos	50	Carbosulfan
24	Triazophos	51	Flubendiamide
25	Profenofos	52	Indoxacarb
26	4- bromo -2-chlorophenol	53	Chlorantraniliprole
27	Chlorpyrifos-methyl	54	Cartap hydrochloride



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ANNEXURE - B

Sr. No.	Test Parameter	Sr. No.	Test Parameter
1	α -HCH	25	Chlorpyriphos-methyl
2	β -HCH	26	α -Cypermethrin
3	γ -HCH (Lindane)	27	Bifenthrin
4	δ -HCH	28	Deltamethrin
5	Endosulfan-I	29	Fenpropathrin
6	Endosulfan-II	30	Fenvalerate
7	Endosulfan sulfate	31	λ -Cyhalothrin
8	Dicofol	32	Fluvalinate
9	<i>p,p'</i> -DDE	33	Carbaryl
10	<i>p,p'</i> -DDD	34	Carbofuran
11	<i>p,p'</i> -DDT	35	3-hydroxy carbofuran,
12	Chlorpyriphos	36	Imidacloprid
13	Acephate	37	Thiodicarb
14	Dichlorovos	38	Thiacloprid
15	Dimethoate	39	Thiamethoxam
16	Ethion	40	Acetamiprid
17	Malathion	41	Spinosad
18	Monocrotophos	42	Flubendiamide
19	Parathion-methyl	43	Indoxacarb
20	Phorate	44	Chlorantraniliprole
21	Phosphamidon	45	Buferofezin
22	Quinalphos	46	tricyclazole
23	Triazophos	47	Fenitrothion
24	Profenofos	48	Edifenfos



सत्यमेव जयते

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ANNEXURE - C
Registration Form

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

Signature :

Name of Contact Person :

Designation :