



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



<http://nipm.gov.in>
Phone: +91-40-24010106

e-mail: dirpmnipm-ap@nic.in
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PLAN FOR
PROFICIENCY TESTING SCHEMES
PESTICIDE FORMULATION ANALYSIS
2017-2018

PT Scheme Code	Announcement of PT Program	PT Item	Test Parameters
PTC/PF/01/17-18	June 2017	Cypermethrin Technical	Active Ingredient
PTC/PF/02/17-18	June 2017	Thiamethoxam WG	Active Ingredient
PTC/PF/03/17-18	June 2017	Chlorpyrifos EC	Active Ingredient, Cold Test
PTC/PF/04/17-18	June 2017	Monocrotophos SL	Active Ingredient Free acetic acid Monomethyl amide content
PTC/PF/05/17-18	June 2017	Profenophos EC	Active Ingredient, Flash point
PTC/PF/06/17-18	December 2017	Tricyclazole WP	Active Ingredient, Wettability
PTC/PF/07/17-18	December 2017	Ethion EC	Active Ingredient Acidity, Emulsion stability
PTC/PF/08/17-18	December 2017	Quinalphos Technical	Active Ingredient, Material Insoluble in Acetone
PTC/PF/09/17-18	December 2017	Acetamiprid SP	Active Ingredient, Cold Test
PTC/PF/10/17-18	December 2017	Cypermethrin + Chlorpyrifos EC	Cypermethrin content & Chlorpyrifos

PARITICIPATION FEE : RS. 12,000 + Tax as applicable



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PLAN FOR
PROFICIENCY TESTING SCHEMES
PESTICIDE RESIDUE ANALYSIS
2017-2018

PT Scheme Code	Announcement of PT Program	PT Item	Test Parameters
PTC/PR/01/17-18	June 2017	Chana Dal (Bengal Gram / Chickpea) Powder	See Annex - A
PTC/PR/02/17-18	June 2017	Capsicum Puree	See Annex - A
PTC/PR/03/17-18	December 2017	Pomegranate	See Annex - A
PTC/PR/04/17-18	December 2017	Water	See Annex - B

Participation Fees

Sr. No	PT Schemes	Fees
1.	Fruits, Vegetables, Cereals and Pulses	Rs. 20000/- + Service tax as applicable to be paid extra
2.	Water	Rs. 18000/- + Service tax as applicable to be paid extra



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REGISTRATION AND PAYMENT

REGISTRATION:

Interested participants are required to fill the Registration form given in Annex 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	2.	Triazophos
3.	β -HCH	4.	Profenofos
5.	γ -HCH (Lindane)	6.	4- bromo -2-chlorophenol
7.	δ -HCH	8.	Chlorpyriphos-methyl
9.	Endosulfan-I	10.	α -Cypermethrin
11.	Endosulfan-II	12.	Bifenthrin
13.	Endosulfan sulfate	14.	Deltamethrin
15.	Dicofol	16.	Fenpropathrin
17.	<i>p,p'</i> -DDE	18.	Fenvalerate
19.	<i>p,p'</i> -DDD	20.	λ -Cyhalothrin
21.	<i>p,p'</i> -DDT	22.	Fluvalinate
23.	Chlorpyriphos	24.	Carbaryl
25.	Acephate	26.	Carbofuran and 3-hydroxy carbofuran,
27.	Dichlorovos	28.	Methomyl
29.	Dimethoate	30.	Imidacloprid
31.	Omethoate	32.	Thiodicarb
33.	Ethion	34.	Thiacloprid
35.	Malathion	36.	Carbosulfan
37.	Malaoxon	38.	Thiamethoxam
39.	Methamidophos	40.	Acetamiprid
41.	Monocrotophos	42.	Spinosad
43.	Parathion-methyl	44.	Flubendiamide
45.	Phorate	46.	Indoxacarb
47.	Phorate sulphoxide	48.	Emamectin benzoate
49.	Phorate sulfone	50.	Chlorantraniliprole
51.	Phosphamidon	52.	Cartap hydrochloride
53.	Quinalphos		



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ANNEXURE - B

Sr. No.	Test Parameter	Sr. No.	Test Parameter
1.	o,p - DDD	2.	Chlorpyrifos
3.	p,p - DDD	4.	Phorate
5.	o,p - DDE	6.	Phorate Sulphoxide
7.	p,p - DDE	8.	Phorate Sulfone
9.	o,p - DDT	10.	2,4-D
11.	p,p - DDT	12.	Butachlor
13.	Alpha HCH	14.	Isoproturon
15.	Beta HCH	16.	Alachlor
17.	Delta HCH	18.	Atrazine
19.	Gama-HCH (Lindane)	20.	Methyl Parathion
21.	Alpha Endosulfan	22.	Methyl Paraoxon
23.	Beta Endosulfan	24.	Malathion
25.	Endosulfan Sulfate	26.	Malaoxon
27.	Monocrotophos	28.	Aldrin
29.	Ethion	30.	Dieldrin



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ANNEXURE - C
Registration Form

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

Signature :
Name of Contact Person :
Designation :