



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

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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 :