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

http://niphm.gov.in
Telephone: +91-40-24002042

e-mail: ptcniphm@gmail.com
Tele Fax: +91-40-24015329

PLAN FOR
PROFICIENCY TESTING SCHEMES
2025-26

PESTICIDE RESIDUE ANALYSIS

PT Scheme Code	Announcement of PT program	PT Item	Test Parameters
PTC/PR/03/25-26	September 2025	Water	See Annexure – A*

Participation Fees for Water: Rs. 25,000 + GST as applicable

Eligibility criteria: Pesticide Residue Testing Laboratory going for Accreditation.
Accredited Pesticide Residue Testing Laboratory.

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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 and also payment can be done through NIPHM Website.

or **through Online ;**

Name of the Beneficiary : NIPHM COLLECT ACCOUNT

1. Name ofthe Bank : State Bank of India
2. Branch :Rajendranagar, Hyderabad - 500030, Telangana
3. IFSC : SBIN0020074
4. Bank A/C No. :40373518076

CONTACT DETAILS:

Any query related to PT programs may be sent to **ptcniphm@gmail.com**

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ANNEXURE - A

S. No.	Test Parameter	S. No.	Test Parameter
1.	Alachlor	16.	Dimethoate
2.	Aldrin	17.	Endosulfan (including alpha, endosulfan, beta endosulfan and endosulfan sulphate)
3.	Alpha HCH, Beta HCH, Delta HCH	18.	Ethion
4.	Atrazine	19.	Fenpropathrin
5.	Beta cyfluthrin	20.	Fenvalerate (sum of isomers)
6.	Butachlor	21.	Fluchloralin
7.	Chlorpyrifos	22.	Heptachlor (including Heptachlor epoxide
8.	Cyhalothrin (includes Lamda Cyhalothrin)	23.	Isoproturon
9.	Cypermethrin (Sum of isomers)	24.	Malaoxon
10.	DDD (o,p' and p,p')	25.	Malathion
11.	DDE (o,p' and p,p')	26.	Monocrotophos
12.	DDT (o,p' and p,p')	27.	Pendimethalin
13.	Deltamethrin (α - R- and trans-isomers)	28.	Phosphamidon
14.	Dicofol (sum of o,p' and p,p' isomers)	29.	Profenofos
15.	Dieldrin	30.	Quinalphos

Range for all test parameters: 0.1 to 10 µg/L

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ANNEXURE - D
Registration Form

1	**Details of Participants**		
a.	Name of the 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)	:	
b.	GST Details	:	

Signature :

Name of Contact Person :

Designation