



PLAN FOR PROFICIENCY TESTING SCHEMES 2019-20

PESTICIDE FORMULATION ANALYSIS

PT Scheme Code	Announcement of PT program	PT Item	Test Parameters
PTC/PF/01/19-20	May 2019	Deltamethrin WP	Active ingredient
			Sieve test
PTC/PF/02/19-20	May 2019	Fenvalerate Technical	Active ingredient
PTC/PF/03/19-20	May 2019	Cypermethrin EC	Active ingredient
			Emulsion Stability
PTC/PF/04/19-20	November 2019	Fipronil SC	Active ingredient
			Wet Sieve Test
PTC/PF/05/19-20	November 2019	Lambda Cyhalothrin Technical	Active ingredient
			Acidity/ Alkalinity
PTC/PF/06/19-20	November 2019	Isoprothiolane EC	Active ingredient

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

PESTICIDE RESIDUE ANALYSIS

PT Scheme Code	Announcement of PT program	PT Item	Test Parameters
PTC/PR/01/19-20	June 2019	Water	See Annexure - A
PTC/PR/02/19-20	June 2019	Guava	See Annexure - B
PTC/PR/03/19-20	December 2019	Red Gram	See Annexure - C
PTC/PR/04/19-20	December 2019	Okra	See Annexure - B

Participation Fees for Water: Rs. 18,000 + GST as applicable

Participation Fees for Fruit/vegetable/pulses: 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: ptcniphm@gmail.com
Tele Fax: +91-40-24015329

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 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 |

CONTACT DETAILS:

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



सत्यमेव जयते

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



रा व स्वा प्र स
NIPHM

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

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

ANNEXURE - A

S. No.	Test Parameter	S. No.	Test Parameter
1.	o,p - DDD	21.	Dieldrin
2.	p,p - DDD	22.	Dimethoate
3.	o,p - DDE	23.	Endosulfan Sulfate
4.	p,p - DDE	24.	Ethion
5.	o,p - DDT	25.	Fenpropathrin
6.	p,p - DDT	26.	Fenvalerate
7.	Alachlor	27.	Fluchloralin
8.	Aldrin	28.	Gama-HCH (Lindane)
9.	Alpha Endosulfan	29.	Heptachlor
10.	Alpha HCH	30.	Isoproturon
11.	Alphacypermethrin	31.	Lambdacyhalothrin
12.	Atrazine	32.	Malaoxon
13.	Beta cyfluthrin	33.	Malathion
14.	Beta Endosulfan	34.	Methyl Parathion
15.	Beta HCH	35.	Monocrotophos
16.	Butachlor	36.	Pendimethalin
17.	Chlorpyrifos	37.	Phorate
18.	Delta HCH	38.	Phosphomidon
19.	Deltamethrin	39.	Profenofos
20.	Dicofol	40.	Quinalphos



सत्यमेव जयते

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

रा व स्वा प्र स
NIPHM

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

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

ANNEXURE - B

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



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

ANNEXURE - C

S. No.	Test Parameter	S. No.	Test Parameter
1.	α -HCH	18.	Fenitrothion
2.	β -HCH	19.	Fenpropathrin
3.	γ -HCH (Lindane)	20.	Fenvalerate
4.	δ -HCH	21.	Fluvalinate
5.	Acephate	22.	Malathion
6.	Bifenthrin	23.	Monocrotophos
7.	Buprofezin	24.	p,p'-DDD
8.	Carbaryl	25.	p,p'-DDE
9.	Carbofuran and 3-hydroxy carbofuran,	26.	p,p'-DDT
10.	Chlorpyriphos	27.	Parathion-methyl
11.	Deltamethrin	28.	Phorate
12.	Dicofol	29.	Phosphamidon
13.	Dimethoate	30.	Quinalphos
14.	Edifenfos	31.	Tricyclazole
15.	Endosulfan sulfate	32.	α -Cypermethrin
16.	Endosulfan-I	33.	λ -Cyhalothrin
17.	Endosulfan-II		



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

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) : _____

Signature :

Name of Contact Person :

Designation :