



**PLAN FOR  
PROFICIENCY TESTING SCHEMES  
2020-21**

**PESTICIDE FORMULATION ANALYSIS**

<b>PT Scheme Code</b>	<b>Announcement of PT program</b>	<b>PT Item</b>	<b>Test Parameters</b>
PTC/PF/01/20-21	May 2020	Copper Oxy Chloride(COC) WP	Active ingredient Suspensibility
PTC/PF/02/20-21	May 2020	Imidacloprid Technical	Active ingredient
PTC/PF/03/20-21	May 2020	Cartaphydrochloride SP	Active ingredient
PTC/PF/05/20-21	November 2020	Carbendazim WP	Active ingredient Suspensibility
PTC/PF/06/20-21	November 2020	Ethion Technical	Active ingredient
PTC/PF/07/20-21	November 2020	Chlorpyriphos EC	Active ingredient Acidity/ Alkalinity

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

**PESTICIDE RESIDUE ANALYSIS**

<b>PT Scheme Code</b>	<b>Announcement of PT program</b>	<b>PT Item</b>	<b>Test Parameters</b>
PTC/PR/01/20-21	June 2020	Water	See Annexure - A
PTC/PR/02/20-21	June 2020	Mango	See Annexure - B
PTC/PR/03/20-21	December 2020	Green Gram	See Annexure - C
PTC/PR/04/20-21	December 2020	Tomato	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**



सत्यमेव जयते

**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](mailto: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<br>Rajendranagar, Hyderabad - 500030,<br>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](mailto:ptcniphm@gmail.com)



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**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.	Fenprothrin
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.	Isoprothuron
11.	Alpha Cypermethrin	31.	Lambda Cyhalothrin
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



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**ANNEXURE - B**

S. No.	Test Parameter	S. No.	Test Parameter
1.	$\alpha$ -HCH	27.	Imidacloprid
2.	$\beta$ -HCH	28.	Indoxacarb
3.	$\gamma$ -HCH (Lindane)	29.	Malaoxon
4.	$\delta$ -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.	$\alpha$ -Cypermethrin
25.	Fenvalerate	51.	$\lambda$ -Cyhalothrin
26.	Fluvalinate		



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**ANNEXURE - C**

S. No.	Test Parameter	S. No.	Test Parameter
1.	$\alpha$ -HCH	18.	Fenitrothion
2.	$\beta$ -HCH	19.	Fenpropathrin
3.	$\gamma$ -HCH (Lindane)	20.	Fenvalerate
4.	$\delta$ -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.	$\alpha$ -Cypermethrin
16.	Endosulfan-I	33.	$\lambda$ -Cyhalothrin
17.	Endosulfan-II		



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**ANNEXURE - D  
Registration Form**

<b>1 Details of Participants</b>	
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"/>
<b>2 Details of PT Scheme</b>	
a.	Name of PT scheme you wish to participate : <input type="text"/> (Give Name of Commodity)
b.	PT Program No. : <input type="text"/>
<b>3 Payment Details</b>	
a.	NEFT transaction detail (please attach Scan copy of transaction) : <input type="text"/>
b.	GST Details : <input type="text"/>

Signature :   
Name of Contact Person :   
Designation :