



**PLAN FOR  
PROFICIENCY TESTING SCHEMES  
2022-23**

**PESTICIDE FORMULATION ANALYSIS**

PT Scheme Code	Announcement of PT program	PT Item	Test Parameters
PTC/PF/01/22-23	April 2022	Cypermethrin Technical	Active ingredient
PTC/PF/02/22-23	April 2022	Imidacloprid SL	Active ingredient
			Acidity/ Alkalinity
PTC/PF/03/22-23	April 2022	Quinalphos EC	Active ingredient
			Emulsion Stability
PTC/PF/04/22-23	November 2022	Acetamiprid Technical	Active ingredient
PTC/PF/05/22-23	November 2022	Deltamethrin EC	Active ingredient
PTC/PF/06/22-23	November 2022	Atrazine WP	Active ingredient
			Suspensibility

**Participation Fees: Rs. 14,000 + GST as applicable**

**Eligibility criteria:** Pesticide formulation Testing Laboratory going for Accreditation.  
Accredited Pesticide Formulation Testing Laboratory.

**PESTICIDE RESIDUE ANALYSIS**

PT Scheme Code	Announcement of PT program	PT Item	Test Parameters
PTC/PR/01/22-23	May 2022	Mango	See Annexure - B
PTC/PR/02/22-23	May 2022	Wheat	See Annexure - C
PTC/PR/03/22-23	January 2023	Water	See Annexure - A
PTC/PR/04/22-23	January 2023	Brinjal	See Annexure - B
PTC/PR/05/22-23	January 2023	Chick Pea	See Annexure - C

**Participation Fees for Fruit/Vegetable/Pulses/Water: Rs. 25,000 + GST as applicable**

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



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



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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.

#### or through Online ;

- |                            |   |
|----------------------------|---|
| 1. Name of the Beneficiary | : NIPHM COLLECT ACCOUNT                           |
| 2. Name of the Bank        | : State Bank of India                             |
| 3. Branch                  | : Rajendranagar, Hyderabad - 500030,<br>Telangana |
| 4. IFSC                    | : SBIN0020074                                     |
| 5. Bank A/C No.            | : 40373518076                                     |

### 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**

<b>S. No.</b>	<b>Test Parameter</b>	<b>S. No.</b>	<b>Test Parameter</b>
1.	o,p - DDD	21.	Endosulfan Sulfate
2.	p,p - DDD	22.	Ethion
3.	o,p - DDE	23.	Fenpropathrin
4.	p,p - DDE	24.	Fenvalerate
5.	o,p - DDT	25.	Fluchloralin
6.	p,p - DDT	26.	Heptachlor
7.	Aldrin	27.	Isoproturon
8.	Alpha Endosulfan	28.	Lambdacyhalothrin
9.	Alpha HCH	29.	Malaoxon
10.	Alpha cypermethrin	30.	Malathion
11.	Atrazine	31.	Monocrotophos
12.	Beta cyfluthrin	32.	Pendimethalin
13.	Beta Endosulfan	33.	Profenofos
14.	Beta HCH	34.	Quinalphos
15.	Butachlor		
16.	Chlorpyrifos		
17.	Delta HCH		
18.	Deltamethrin		
19.	Dicofol		
20.	Dimethoate		



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**ANNEXURE - B**

S. No.	Test Parameter	S. No.	Test Parameter
1.	$\alpha$ -HCH	27.	Malathion
2.	$\beta$ -HCH	28.	Methamidophos
3.	$\delta$ -HCH	29.	Methomyl
4.	Acephate	30.	Monocrotophos
5.	Acetamiprid	31.	Omethoate
6.	Bifenthrin	32.	p,p'-DDD
7.	Carbofuran and 3-hydroxy carbofuran	33.	p,p'-DDE
8.	Carbosulfan	34.	p,p'-DDT
9.	Cartap hydrochloride	35.	Profenofos
10.	Chlorantraniliprole	36.	Quinalphos
11.	Chlorpyrifos	37.	Spinosad
12.	Chlorpyrifos-methyl	38.	Thiacloprid
13.	Deltamethrin	39.	Thiamethoxam
14.	Dicofol	40.	Thiodicarb
15.	Dimethoate	41.	$\alpha$ -Cypermethrin
16.	Emamectin benzoate	42.	$\lambda$ -Cyhalothrin
17.	Endosulfan sulfate		
18.	Endosulfan-I		
19.	Endosulfan-II		
20.	Ethion		
21.	Fenpropathrin		
22.	Fenvalerate		
23.	Fluvalinate		
24.	Imidacloprid		
25.	Indoxacarb		
26.	Malaoxon		



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**ANNEXURE - C**

<b>S. No.</b>	<b>Test Parameter</b>	<b>S. No.</b>	<b>Test Parameter</b>
1.	$\alpha$ -HCH	18.	Fenvalerate
2.	$\beta$ -HCH	19.	Fluvalinate
3.	$\delta$ -HCH	20.	Malathion
4.	Acephate	21.	Monocrotophos
5.	Bifenthrin	22.	p,p'-DDD
6.	Buprofezin	23.	p,p'-DDE
7.	Carbofuran and 3-hydroxy carbofuran,	24.	p,p'-DDT
8.	Chlorpyrifos	25.	Quinalphos
9.	Deltamethrin	26.	Tricyclazole
10.	Dicofol	27.	$\alpha$ -Cypermethrin
11.	Dimethoate	28.	$\lambda$ -Cyhalothrin
12.	Edifenfos		
13.	Endosulfan sulfate		
14.	Endosulfan-I		
15.	Endosulfan-II		
16.	Fenitrothion		
17.	Fenpropathrin		



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**ANNEXURE - D  
Registration Form**

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

Signature : \_\_\_\_\_  
Name of Contact Person : \_\_\_\_\_  
Designation : \_\_\_\_\_