



**PLAN FOR  
PROFICIENCY TESTING SCHEMES  
2024-25**

**PESTICIDE RESIDUE ANALYSIS**

PT Scheme Code	Announcement of PT program	PT Item	Test Parameters
PTC/PR/01/24-25	July 2024	Fruit	See Annexure - B
PTC/PR/02/24-25	July 2024	Cereals	See Annexure - C
PTC/PR/03/24-25	July 2024	Water	See Annexure - A
PTC/PR/04/24-25	December 2024	Vegetable	See Annexure - B
PTC/PR/05/24-25	December 2024	Pulses	See Annexure - C

**Participation Fees for Fruit/Vegetable/Cereals/Pulses : 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**



<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 and also payment can be done through NIPHM Website.

or **through Online ;**

<b>Name of the Beneficiary</b>	<b>: NIPHM COLLECT ACCOUNT</b>
1. Name of the 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](mailto:ptcniphm@gmail.com)



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**ANNEXURE - A**

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



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**ANNEXURE - B**

S. No.	Test Parameter	S. No.	Test Parameter
1.	Acephate (including Methamidophos)	19.	Ethion
2.	Acetamiprid	20.	Fenpropathrin
3.	Alpha Cypermethrin	21.	Fenvalerate (sum of isomers )
4.	Alpha HCH	22.	Fluvalinate
5.	Beta HCH	23.	Imidacloprid (its metabolites)
6.	Bifenthrin	24.	Indoxacarb (including its R enantiomer )
7.	Carbofuran (sum of carbofuran and 3-hydroxy carbofuran )	25.	Lambdacyhalothrin
8.	Carbosulfan	26.	Malathion (including Malaoxon)
9.	Cartap hydrochloride	27.	Methomyl
10.	Chlorantraniliprole	28.	Monocrotophos
11.	Chlorpyrifos	29.	Omethoate
12.	Chlorpyrifos-methyl	30.	DDT ( p,p' isomers of DDT , DDD and DDE)
13.	Deltamethrin ( $\alpha$ -R- and trans-isomers)	31.	Profenofos
14.	Delta HCH	32.	Quinalphos
15.	Dicofol (sum of o,p' and p,p' Isomers)	33.	Spinosad (Sum of spinosyn A and spinosyn D )
16.	Dimethoate	34.	Thiacloprid
17.	Emamectin benzoate	35.	Thiamethoxam
18.	Endosulfan ( alpha, beta and sulphate)	36.	Thiodicarb



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**ANNEXURE - C**

S. No.	Test Parameter	S. No.	Test Parameter
1.	Acephate (including Methamidophos)	13.	Edifenfos
2.	Alpha HCH	14.	Endosulfan ( alpha, beta and sulphate)
3.	Alpha Cypermethrin	15.	Fenitrothion
4.	Beta HCH	16.	Fenpropathrin
5.	Bifenthrin	17.	Fenvalerate (sum of isomers )
6.	Buprofezin	18.	Fluvalinate
7.	Carbofuran (sum of carbofuran and 3-hydroxy carbofuran )	19.	Lambda Cyhalothrin
8.	Chlorpyriphos	20.	Malathion (including Malaaxon)
9.	Deltamethrin ( $\alpha$ -R- and trans-isomers)	21.	Monocrotophos
10.	Delta HCH	22.	DDT ( p,p' isomers of DDT , DDD and DDE)
11.	Dicofol (sum of o,p' and p,p' Isomers)	23.	Quinalphos
12.	Dimethoate	24.	Tricyclazole



**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