



**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

**PLAN FOR  
PROFICIENCY TESTING SCHEMES  
2025-26**

**PESTICIDE RESIDUE ANALYSIS**

| PT Scheme Code  | Announcement of PT program | PT Item             | Test Parameters   |
|-----------------|----------------------------|---------------------|-------------------|
| PTC/PR/04/25-26 | December 2025              | Vegetable (Chilli)  | See Annexure – B* |
| PTC/PR/05/25-26 | December 2025              | Pulses (Green Gram) | See Annexure – C* |

**Participation Fees for Vegetable /Pulses: 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 of the Bank     | : State Bank of India                             |
| 2. Branch               | : Rajendranagar, Hyderabad - 500030,<br>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 - B

| S. No. | Test Parameter                                                                    | S. No. | Test Parameter                              |
|--------|-----------------------------------------------------------------------------------|--------|---------------------------------------------|
| 1.     | Acephate                                                                          | 24.    | Fenpropathrin                               |
| 2.     | Acetamiprid                                                                       | 25.    | Fenvalerate (sum of isomers)                |
| 3.     | Alpha HCH, Beta HCH, Delta HCH                                                    | 26.    | Fipronil                                    |
| 4.     | Atrazine                                                                          | 27.    | Fluopyram                                   |
| 5.     | Bifenthrin                                                                        | 28.    | Flusilazole                                 |
| 6.     | Buprofezin                                                                        | 29.    | Fluvalinate (sum of isomers)                |
| 7.     | Carbaryl                                                                          | 30.    | Hexaconazole                                |
| 8.     | Carbofuran (sum of Carbofuran and 3 - Hydroxy Carbofuran)                         | 31.    | Imidacloprid ( its metabolites)             |
| 9.     | Chlorantraniliprole                                                               | 32.    | Indoxacarb (including its R enantiomer)     |
| 10.    | Chlorpyrifos                                                                      | 33.    | Malaoxon                                    |
| 11.    | Cyhalothrin (includes Lamda Cyhalothrin)                                          | 34.    | Malathion                                   |
| 12.    | Cypermethrin (Sum of isomers)                                                     | 35.    | Methamidophos                               |
| 13.    | DDD (o,p' and p,p')                                                               | 36.    | Methomyl                                    |
| 14.    | DDE (o,p' and p,p')                                                               | 37.    | Monocrotophos                               |
| 15.    | DDT (o,p' and p,p')                                                               | 38.    | Omethoate                                   |
| 16.    | Deltamethrin ( $\alpha$ - R- and trans- isomers)                                  | 39.    | Pretilachlor                                |
| 17.    | Dicofol ( sum of o,p' and p,p' isomers)                                           | 40.    | Profenofos                                  |
| 18.    | Dimethoate                                                                        | 41.    | Quinalphos                                  |
| 19.    | Dinotefuran                                                                       | 42.    | Spinosad (Sum of spinosyn A and spinosyn D) |
| 20.    | Emamectin benzoate                                                                | 43.    | Thiacloprid                                 |
| 21.    | Endosulfan (including alpha, endosulfan, beta endosulfan and endosulfan sulphate) | 44.    | Thiamethoxam                                |
| 22.    | Ethion                                                                            | 45.    | Thiodicarb                                  |
| 23.    | Fenarimol                                                                         |        |                                             |

**\*Range for all test parameters: 0.010 to 0.800 mg/kg**



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### ANNEXURE - C

| S. No. | Test Parameter                                                                    | S. No. | Test Parameter               |
|--------|-----------------------------------------------------------------------------------|--------|------------------------------|
| 1.     | Acephate                                                                          | 21.    | Ethion                       |
| 2.     | Acetamiprid                                                                       | 22.    | Fenarimol                    |
| 3.     | Alpha HCH, Beta HCH, Delta HCH                                                    | 23.    | Fenitrothion                 |
| 4.     | Bifenthrin                                                                        | 24.    | Fenpropathrin                |
| 5.     | Buprofezin                                                                        | 25.    | Fenvalerate (sum of isomers) |
| 6.     | Carbaryl                                                                          | 26.    | Fipronil                     |
| 7.     | Carbofuran (sum of Carbofuran and 3 - Hydroxy Carbofuran)                         | 27.    | Flusilazole                  |
| 8.     | Chlorantraniliprole                                                               | 28.    | Fluvalinate (sum of isomers) |
| 9.     | Chlorpyrifos                                                                      | 29.    | Hexaconazole                 |
| 10.    | Cyhalothrin (includes Lamda Cyhalothrin)                                          | 30.    | Malaoxon                     |
| 11.    | Cypermethrin (Sum of isomers)                                                     | 31.    | Malathion                    |
| 12.    | DDD (o,p' and p,p')                                                               | 32.    | Methamidophos                |
| 13.    | DDE (o,p' and p,p')                                                               | 33.    | Monocrotophos                |
| 14.    | DDT (o,p' and p,p')                                                               | 34.    | Omethoate                    |
| 15.    | Deltamethrin ( $\alpha$ - R- and trans- isomers)                                  | 35.    | Penconazole                  |
| 16.    | Dicofol ( sum of o,p' and p,p' isomers)                                           | 36.    | Pretilachlor                 |
| 17.    | Dimethoate                                                                        | 37.    | Quinalphos                   |
| 18.    | Edifenfos                                                                         | 38.    | Tebuconazole                 |
| 19.    | Emamectin Benzoate                                                                | 39.    | Thiamethoxam                 |
| 20.    | Endosulfan (including alpha, endosulfan, beta endosulfan and endosulfan sulphate) | 40.    | Tricyclazole                 |

**\*Range for all test parameters: 0.010 to 0.800 mg/kg**



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## ANNEXURE - D Registration Form

|          |                                                                                             |   |
|----------|---------------------------------------------------------------------------------------------|---|
| <b>1</b> | <b>Details of Participants</b>                                                              |   |
| a.       | Name of the Organization                                                                    | : |
| b.       | Complete Postal Address<br><br>(For delivery of Sample / PT Item)<br>and for correspondence | : |
| c.       | Phone No.                                                                                   | : |
| d.       | Name of Contact Person with<br>Designation                                                  | : |
| e.       | Email ID                                                                                    | : |
| f.       | Mobile No.                                                                                  | : |
| <b>2</b> | <b>Details of PT Scheme</b>                                                                 | : |
| a.       | Name of PT scheme you wish to<br>participate<br><br>(Give Name of Commodity)                | : |
| b.       | PT Program No.                                                                              | : |
| <b>3</b> | <b>Payment Details</b>                                                                      | : |
| a.       | NEFT transaction detail (please<br>attach Scan copy of transaction)                         | : |
| b.       | GST Details                                                                                 | : |

Signature :

Name of Contact Person :

Designation