FORMAT OF APPLICATION FOR TESTING OF AGRICULTURAL MACHINERY
(To be submitted in duplicate)

GOVERNMENT OF INDIA
NORTHERN REGION FARM MACHINERY TRAINING AND TESTING INSTITUTE
SIRSA ROAD, HISAR – HARYANA

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1. Name of the applicant :-------------------------------------------------------------
   Address :-------------------------------------------------------------------------
   --------------------------------------------------
   --------------------------------------------------
   Pin Code :------------------------------------------------------------------------
   Contact No. :--------------------------------------------------------------------
   FAX No. :-----------------------------------------------------------------------
   e-mail address :------------------------------------------------------------------

2. Name of the manufacturer :---------------------------------------------------------
   Address :-------------------------------------------------------------------------
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   --------------------------------------------------
   Pin Code :------------------------------------------------------------------------
   Contact No. :--------------------------------------------------------------------
   FAX No. :-----------------------------------------------------------------------
   e-mail address :------------------------------------------------------------------

3. If the applicant is not the manufacturer, capacity in which the testing has been requested to
   (as authorized importer/distributor/designer/respective manufacturer)
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4. Details of the machine to be submitted for test
   Type :---------------------------------------------------------------------------
   Make :--------------------------------------------------------------------------
   Model :-------------------------------------------------------------------------
   Brand Name’s :-------------------------------------------------------------------
5. Type of work the machine or component has been designed for and special features of the machine. If any.

6. Whether the machine submitted for testing is a prototype or commercial model. (Tick the relevant)
   - [ ] Indigenous Prototype
   - [ ] Commercial Prototype
   - [ ] Imported Prototype
   - [ ] Confidential Prototype

7. Nature of test (Commercial or confidential)
   - [ ] Commercial
   - [ ] Confidential

8. If confidential specify details of test submitted for

9. Total number of machines (as in 4 above) produced/imported since inception to till date.

10. Whether all the parts are produced indigenously? If no, attach list of imported parts.
   - [ ] Yes
   - [ ] No

11. Period suitable for random selection of the machine (in case of machines already in commercial production & sale)

12. i) Type of accessories and attachments that are basically sold along with the machine.
   a) ________________________  b) ________________________
   c) ________________________  d) ________________________
   e) ________________________  f) ________________________

   ii) Accessories and attachments to be sent with the machine.
   a) ________________________  b) ________________________
   c) ________________________  d) ________________________
   e) ________________________  f) ________________________
13. List of enclosures. Required in duplicate (Tick the relevant).

   a) Specification of machine  □ Yes  □ No
   b) Operator’s manual  □ Yes  □ No
   c) Service manual  □ Yes  □ No
   d) Any other printed literature  □ Yes  □ No
   e) Printed literatures in respect of various items listed in 12 (i) & (ii)  □ Yes  □ No

14. Indicate the no. of additional copies of the test report required.

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   ...........................................................................................................................................

15. Whether testing fee is remitted.

□ Yes  □ No

16. Do you propose to depute representative to witness the test

□ Yes  □ No

17. Additional information to be furnished:

   i) Details of letter or indent/Registration/COB License No. and capacity sanctioned by the Ministry of Industry.
   ii) Whether machine has been tested earlier in India/Foreign country (If so attach a copy of the test report) ?
   iii) In case of Power Thresher, sugarcane crasher, chaff cutter details of safety harvester may be indicated in line with of relevant Indian Standard.
   iv) Any other details.

**DECLARATION**

I HAVE READ THE Regulations for the Testing of Agricultural Machinery at Northern Region Farm Machinery Training & Testing, Sirsa Road, Hisar I hereby agree to abide by all terms and conditions of the test:

Place:  
Signature----------------------------------

Date:  
Name of the applicant----------------------

Designation---------------------------------

Address-------------------------------------
PRECONDITIONS FOR SUBMITTING MACHINES UNDER INITIAL COMMERCIAL TEST

Name of the Manufacturer:

Make of machine:

Model of machine:

(a) The specification of the machine submitted for test should conform to the production model which the manufacturer proposed to introduce. The manufacturer should certify that the prototype submitted for test will be manufactured under the License/DGTD registration granted to the unit.

(b) The test will be carried on the machine as it stands together with accessories and attachments essential to the satisfactory performance of the machine. The applicant will not be allowed to introduce major alterations or modifications in the design of assemblies/subassemblies which should affect its normal performance during the progress of test. If any such major modification or alteration is considered necessary, the applicant should withdraw the machine and resubmit the machine with fresh application for testing.

(c) The name of the manufacturer, make & model of the machine should not be changed at the time of Submission of sample for testing

I have read the above preconditions for submitting the machines for initial commercial test and hereby agree to abide by the precondition laid thereof.

Place: Signature--------------------------------------------------
Date: Name of the applicant----------------------------------------
Designation--------------------------------------------------------
Address------------------------------------------------------------