



भारत सरकार/ Government of India

उत्तरी क्षेत्र कृषि मशीनरी प्रशिक्षण एवं परीक्षण संस्थान/ Northern Region Farm Machinery Training and Testing Institute

ट्रेक्टर नगर, सिरसारोड, हिसार) हरियाणा(/ Tractor Nagar, Sirsa Road, Hisar (Haryana)- 125 001

Website: <http://nrfmtti.gov.in> E-mail: [fmti-nr@nic.in](mailto:fmti-nr@nic.in) Tel./Fax: 01662276984 GSTIN:06AAAGN0273F

[ ISO - 9001 : 2015 CERTIFIED ]

### TECHNICAL SPECIFICATIONS FOR LASER LAND LEVELER

<b>1.1</b>	<b>General:</b>		
	Name & address of manufacturer	:	
	Name & address of applicant	:	
	Name of Implement	:	
	Type	:	
	Make	:	
	Model	:	
	Year of manufacture	:	
	Recommended capacity of tractor, kW/hp	:	
	Type of blade	:	
	Working width of implement, mm	:	
	Country of origin	:	
<b>1.2</b>	<b>Prime Mover(Details as per labeling plate):</b>		
	Make & Model of Tractor	:	
	Engine No.	:	
	Chassis No.	:	
	Max. P.T.O. power, kW	:	
	S.F.C., g/kWh	:	
<b>1.3</b>	<b>Chassis/Main frame:</b>		
	Type	:	
	Material & Size, mm	:	
	Dimensions, mm	:	
	Type of mounting	:	
<b>1.3.1</b>	<b>Side Support Plate:</b>		
	Type	:	
	Thickness of plate, mm	:	
	Method of fixing	:	
<b>1.3.2</b>	<b>Blade:</b>		
	Type	:	
	Material	:	
	<b>Size of blade, mm:</b>		
	-Length	:	
	-Width	:	
	Thickness	:	
	Method of fixing	:	

Name of the Manufacturer/Applicant	Document No, if any Revision status	Name of the Test Agency: NRFMTTI, Hisar
Signature :	Make:	Signature:
Name :	Model:	Name:
Designation :	Sheet No. of _____	Designation:
Date :		Date:

	Provision for bevel edge	:	
	Provision for raising drag bucket & transport mechanism	:	
	Hydraulic ram cylinder travel length, mm	:	
<b>1.3.3</b>	<b>Soil carrying drag bucket frame:</b>		
	Type	:	
	Thickness of plate, mm	:	
	<b>Size of plate, mm:</b>		
	-Length	:	
	-Peripheral width	:	
	Method of mounting drag bucket support beam	:	
	Type of beam	:	
<b>1.4</b>	<b>Toeing Mechanism:</b>		
	Type & material	:	
<b>1.4.1</b>	<b>Toe Beam:</b>		
	Type	:	
	Material & Size, mm	:	
	Method of fixing	:	
<b>1.4.2</b>	<b>Toe Hook:</b>		
	Type	:	
	Specification	:	
<b>1.5</b>	<b>Receiver Mounting Unit:</b>		
<b>1.5.1</b>	<b>Receiver Column:</b>		
	Type	:	
	Size, mm :		
	-Length (Maximum & Minimum)	:	
	-Diameter	:	
	Method of height adjustment & depth control	:	
<b>1.5.2</b>	<b>Mast:</b>		
	Type	:	
<b>1.6</b>	<b>Transport Mechanism:</b>		
	Type	:	
	Dia. of axle, mm	:	
	Method of fixing	:	
<b>1.6.1</b>	<b>Transport Wheel:</b>		
	Type	:	
	Make, size and ply rating	:	
	Number	:	
	Method of arrangement	:	
<b>1.7</b>	<b>Electronic Equipment:</b>		
<b>1.7.1</b>	<b>Control Box:</b>		
	Make	:	
	Model	:	
	Sr. No.	:	
	Year of Manufacture	:	
	Country of Origin	:	
	Power, W	:	
	On Grade LED's (Green)	:	

Name of the Manufacturer/Applicant	Document No, if any Revision status	Name of the Test Agency: NRFMTTI, Hisar
Signature :	Make:	Signature:
Name :	Model:	Name:
Designation :	Sheet No. of _____	Designation:
Date :		Date:

	High/Low LED's (Red)	:	
	Operating Voltage, V	:	
	Operating Temperature, degree	:	
<b>1.7.2</b>	<b>Transmitter:</b>		
	Make	:	
	Model	:	
	Sr. No./Identification No.	:	
	Laser Source Wattage, mW	:	
	Laser Source Range, nm	:	
	Laser Class	:	
	Operating Temperature, degree	:	
	Rotational Speed, rpm	:	
	Level Accuracy, mm/30 m	:	
	Operating Diameter, m	:	
	Level Indicator	:	
	Power Supply	:	
<b>1.7.3</b>	<b>Receiver:</b>		
	Make	:	
	Model	:	
	Sr. No. /Identification No.	:	
	Laser Beam Reception	:	
	Vertical Reception Window, mm	:	
	Dead Beam, mm	:	
	LED Display (Red=Hi/Low, Orange grade=Green)	:	
	Operating Temperature, degree	:	
	Operating Range, m	:	
	Laser RPM	:	
<b>1.7.4</b>	<b>Hydraulic Direction Control Valve Unit:</b>		
	Make	:	
	Model	:	
	Location	:	
<b>1.7.5</b>	<b>Battery:</b>		
	Make	:	
	Model	:	
	Capacity (AH)	:	
	Sr. No.	:	
<b>1.7.6</b>	<b>AC-DC Charging adaptor:</b>		
	Make	:	
	Number	:	
	Input	:	
	Output	:	
<b>1.8</b>	<b>Overall Dimensions, mm:</b>		

Name of the Manufacturer/Applicant	Document No, if any Revision status	Name of the Test Agency: NRFMTTI, Hisar
Signature :	Make:	Signature:
Name :	Model:	Name:
Designation :	Sheet No. of _____	Designation:
Date :		Date:

	-Length	:	
	-Width	:	
	-Height	:	
<b>1.9</b>	<b>Mass, kg</b>	:	
<b>1.10</b>	<b>Accessories:</b>		
<b>1.10.1</b>	Tripod	:	
<b>1.10.2</b>	Connection/cables	:	
<b>1.10.3</b>	Survey scale	:	
<b>1.10.4</b>	Eye receiver	:	
<b>1.10.5</b>	Remote	:	
<b>1.10.6</b>	Stand	:	
<b>1.11</b>	<b>Colour of bucket assembly</b>	:	
<b>1.12</b>	<b>Labeling Plate:</b>		

**Date:**  
**Place:**

**Signature:**  
Name of signatory:  
Designation:  
Name & address of firm:

Name of the Manufacturer/Applicant	Document No, if any Revision status	Name of the Test Agency: NRFMTTI, Hisar
Signature : Name : Designation : Date :	Make: Model: Sheet No. of _____	Signature: Name: Designation: Date: