

REVISION NO. 1 (FEBRUARY, 2013)

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भारत सरकार

Government of India

कृषि एवं किसान कल्याण मंत्रालय,

Ministry of Agriculture and Farmers Welfare

(कृषि, सहकारिता एवं किसान कल्याण विभाग)

(Department of Agriculture, Cooperation and Farmers Welfare)

दक्षिणी क्षेत्र कृषि मशीनरी प्रशिक्षण एवं परीक्षण संस्थान

Southern Region Farm Machinery Training and Testing Institute

ट्रेक्टर नगर, गार्लदिन्ने - 515 731, जिला: अनंतपुर (आं. प्र.)

Tractor Nagar, Garladinne- 515 731, District: Anantapur (A.P.)

[ISO 9001:2008 COMPLIANT INSTITUTION]

APPLICATION FOR CONFIDENTIAL/COMMERCIAL TESTING OF AGRICULTURAL MACHINERY
[To be filled in triplicate]

1. Name of the Applicant :
Address :

PIN Code :
Telephone Number(s) :
Fax No. :
E-mail :
Web site :
2. Name of the Manufacturer :
Address :

PIN Code :
Telephone Number(s) :
Fax No. :
E-mail :
Web site :
3. If the applicant is not the manufacturer, :
the capacity in which the testing has
been requested for, (as authorized
importer/distributor/designer)
4. Details of machine to be submitted for
test
Name of the Machine :
Type :
Make :

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

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- Model :
5. Type of work the machine or component has been designed for & special features :
6. Whether the machine submitted for test is, (Indigenous Prototype / Imported Prototype / Commercial model) :
7. Nature of test : Confidential/Commercial
8. If confidential, specify details of tests requested for :
9. Total No. of machines (As in 4 above) produced/imported since inception till date :
10. Whether all the parts are produced indigenously. If no, attach a list of imported parts :
11. Period suitable for random selection of the Machine (in case of machines already in commercial production & sale) :
12. a) Type of accessories and attachments that are sold along with the machine :
 b) Check for accessories and attachments proposed to be sent with the machines for test :
 (i)
 (ii)
 (iii)

13. **Check for enclosures:** :

		Yes	No
a)	Specification of machine (in triplicate)		
b)	Operator's Manual (in triplicate)		
c)	Parts catalogue (in triplicate)		
d)	Service manual (in triplicate)		
e)	Any other printed literature (to be specified) (in triplicate)		
f)	Printed literatures in respect of various items listed in 12 (b) (in triplicate)		

14. Whether testing fee submitted? If yes, :

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specify the details of remittance

15. Do you propose to depute a :
representative to witness the Tests

16. Additional information, if any :
i)Details of letter of
intent/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) Whether CMVR Certificate has been
obtained/applied for CMVR Test in any
of the recognized Institution for this
purpose (please attach a copy of
CMVR, if any)

iv) Whether emission certificate of
engine has been obtained from any of
the recognized agencies for this
purpose(please attach a copy of whole
documents, if any)

DECLARATION

I, hereby, solemnly declare that information furnished above is complete and true to the best of my knowledge and belief. I also declare, hereby, that I have neither concealed nor suppressed nor distorted any information which may have any bearing on the test requested for. I understand that in case of any information found to be untrue, suitable action is liable to be initiated against me.

I also declare, here by, that I have read the Regulation for the Testing of Agricultural Machinery of Southern Region Farm Machinery Training &Testing Institute, Garladinne (PO), District: Anantapur (A.P.) - 515 731, hosted on the website www.srfmtti.dacnet.nic.in and hereby agree to abide by them.

Place:

Dated:

Signature:

Name:

Designation:

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

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Address:

PRE-CONDITIONS FOR SUBMITTING MACHINES FOR COMMERCIAL TEST

Name, Make and Model of machine :-.....

a. The specification of the machine submitted for test should conform to the production model which the manufacturer proposes to introduce.

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 alterations or modifications which should affect its normal performance during the progress of test. If any minor modification or alteration is considered necessary, the applicant should withdraw the machine and resubmit the machine along with test fee and fresh application for testing.

Place:

Dated:

Signature:

Name:

Designation:

Address:

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