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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

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

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

[ISO 9001:2008 COMPLIANT INSTITUTION]

SPECIFICATION SHEET OF M.B. PLOUGH (TRACTOR MOUNTED)

- 1 **General:**
- 1.1 Name of the implement :
- 1.2 Address of Manufacturer :
- 2.0 **Technical Specifications:**
- Type of implement :
- Make :
- Model :
- Serial Number :
- Size of plough (mm) :
- Year of manufacture :
- Recommended prime-mover :
- 2.1 **Constructional Details:**
- 2.1.1 **Main frame:** :
- Type :
- 2.1.2 **Standard:**
- Material of construction :
- Dimensions (mm) :
- Curved length at front :
- Projected length :
- Width at top/middle/bottom (mm) :
- Thickness at top/middle/bottom :
- 2.1.3 **Plough bottom:**
- Type :

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 :

- Horizontal suction (mm) :
- Vertical suction (mm) :
- 2.1.4 **Mould Board:**
 - Type :
 - Material of construction :
 - Size (Length x width x Thickness) (mm) :
- 2.1.5 **Share;**
 - Type :
 - Material of construction :
 - Size (mm) :
 - Share nose :
 - Type :
 - Size (mm) :
 - Angle of penetration (deg) :
- 2.1.6 **Land Side:**
 - Type :
 - Material of construction :
 - Size (mm) :
- 2.1.7 Frog
 - Type :
 - Material of construction :
 - Details of furrow wheel (If provided) :
- 2.1.8 Three point Linkage : **Conforming to Category-I/Category-II**
- 2.1.9 **Overall dimensions (mm):**
 - Length :
 - Width :
 - Height :
 - Mass (kg) :
 - Lubricating Points :
- 2.1.10 Other specific details, if any :

Place:

Date:

Signature : _____

Name : _____

Designation: _____

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