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**GOVT OF INDIA**  
**MINISTRY OF AGRICULTURE**  
**DEPARTMENT OF AGRICULTURE AND COOPERATION**  
***NORTH EASTERN REGION FARM MACHINERY TRAINING & TESTING INSTITUTE***  
BISWANATH CHARIALI: SONITPUR:: ASSAM, PIN: 784 176

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**APPLICATION FOR CONFIDENTIAL/COMMERCIAL TESTING OF AGRICULTURA MACHINERY**

**[To be filled in triplicate]**

1. Name and address of the Applicant : .....

Address : .....

PIN code : .....

Telegraphic Address : .....

Telephone Number(s) : .....

Telex/FAX number : .....

2. Name and address of the Manufacturer : .....

Address : .....

PIN code : .....

Telegraphic Address : .....

Telephone Number(s) : .....

Telex/FAX number : .....

3. If the applicant is not the manufacturer : .....

capacity in which the testing has been requested

for (as authorized importer/distributor/designer of

respective manufacturer

4. Details of the Machine to be submitted for test:-

Type : .....

Make : .....

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


1. If confidential, specify details of tests requested for: .....

2. 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:**

Enclosures		Yes	No
i)	Specification of machine (in triplicate)		
ii)	Operator's Manual (in triplicate)		
iii)	Parts catalogue (in triplicate)		
iv)	Service manual (in triplicate)		
v)	Any other printed literature (to be specified) (in triplicate)		
vi)	Printed literatures in respect of various items listed in 12 (b) (in triplicate)		

14. Numbers of additional copies of the test report required : .....

15 Whether testing expenditure advance is remitted? If yes :  
 specify the details of remittance : .....

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

17. Additional information, if any

- i) Details of letter of intent/Registration/COB licence  
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 details of safety chute may  
be indicated on the lines of relevant Indian Standard : .....

### DECLARATION

I have read the Regulations for the Testing of Agricultural Machinery of NORTH EASTERN REGION FARM MACHINERY TRAINING & TESTING INSTITUTE, BISWANTH CHARIALI (ASSAM) – 784 176, District – Sonitpur and hereby agree to abide by all terms and conditions of the test.

Place : .....	Signature	:	.....
Dated: .....	Name of the Signatory	:	.....
	Designation	:	.....
	Address	:	.....
		:	.....
		:	.....

### PRECONDITIONS FOR SUBMITTING MACHINES FOR INITIAL COMMERCIAL TEST

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. The manufacturer should certify that the prototype submitted for test will be manufactured under the licence /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 alterations or modifications which should affect its normal performance during the progress of test. If any manor modification or alteration is considered necessary the applicant should withdraw the machine and resubmit the machine with fresh application for testing.

Place : .....	Signature	:	.....
Dated: .....	Name of the Signatory	:	.....
	Designation	:	.....
	Address	:	.....