

Farm Machinery Testing and Training Centre, Department of Farm Power & Machinery, Dr. Panjabrao Deshmukh Krishi Vidyapeeth, Akola



$\frac{\textbf{APPLICATION FOR COMMERCIAL TESTING OF AGRICULTURAL}}{\textbf{MACHINERY/EQUIPMENT}}$

{To be submitted in Triplicate duly filled (typed)}

1	Name and address of the applicant	:	
	Pin Code	:	·
	Telegraphic Address	:	
	Telephone No.	:	
	Telex /FAX No.	:	
	Email ID	:	
	Name of contact person	:	
	Mobile No. of contact person	:	,
2	Name and address of the manufacturer	:	
	Pin Code	:	
	Telegraphic Address	:	
	Telephone No.	:	
	Telex /FAX No.	:	
	Email ID	:	
3	If the applicant is not the manufacturer, capacity in which the	:	
	testing has been requested for (as		
	authorized importer/distributor/		
	designer/respective manufacturer)	¥/	
4	Details of the machine to be	:	
	submitted for test		
	Туре	:	
	Make	:	
	Model	:	
	Selling price in India, Rs.	:	

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5	Type of work of the machine or component has been designed for & special features of the machine, if any	:	
6	6 Whether the machine submitted for test is commercial model		Indigenous Commercial model
			Imported Commercial model
7	Nature of test	:	Commercial
8	Total number of machines (as in 4 above) produced/imported since inception till date	:	•
9	Whether all the parts are produced Indigenously? If no, attach a list of imported parts	:	Yes / No
10	Period suitable for random selection of the machine (in case of machines already in commercial production & sale)	•	
11	a) Type of accessories and attachments that are sold along with the machine	:	a) b) c) d)
	b) Check for accessories and attachments proposed to be sent with the machines for test (i) (ii) (iii)	•	

12	Check for enclosures	:				
	Enclosures			Yes	No	
	a) Specifications of machine					
	b) Drawing details		155	74.55		
	c) Manufacture registration of	certi	ificate			
	d) Operator's manual	d) Operator's manual				
	e) Parts' catalogue	e) Parts' catalogue				
	f) Service manual					
	g) Printed literature					
13	Number of additional copies of the test report required	:		×		
14	Whether testing expenditure advance is remitted? If yes, specify the details of remittance	:	Yes / No			
15	Do you propose to depute a representative to witness the tests	:			A Digital Services	
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) In case of Power Thresher details of safety chute may be indicated on the lines of relevant Indian Standard.	:				
17	Test data also be utilize for agricultural research, Publication made available to the researcher and other relevant beneficiaries without disclosing the firm and model name.					

DECLARATION

I have read the Regulations for the Testing of Agricultural Machinery at Farm Machinery Testing and Training Centre, Department of Farm Power & Machinery, Dr. PDKV, Akola and hereby agree to abide by all terms and conditions of the test. Signature Date : Name of the Signatory : _____ Designation Address PRE-CONDITIONS FOR SUBMITTING FARM MACHINERY/EQUIPMENT 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 License/DGTD registration granted to the unit (b) The test will be carried out 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 major modification or alteration is considered necessary, the applicant should withdraw the machine and resubmit the

I have read above pre-conditions and hereby agree to abide by the same.

machine with fresh application for testing.

Place	:	Signature	•		:	
Date	:	Name Signatory		the	:	
		Designat			:	
		Address			:	