APPLICATION FOR

MASS EMISSION TEST OF ENGINES FITTED ON AGRICULTURAL TRACTORS/COMBINE HARVESTERS/POWER TILLERS AND CONSTRUCTION EQUIPMENTS

(To be submitted in duplicate duly filled in and typed)

1. **Name of the manufacturer**
   - Address :
   - FAX/Telephone Nos. :
   - Email/ Website :
   - Name of contact person and his designation :
     Telephone Number(s) /E-mail ID of contact person.

2. **Name of applicant** (If other than manufacturer):
   - Address :
   - Fax/Telephone Numbers :
   - Email/ Website :
   - Name of contact person and his designation :
     Telephone Number(s) /E-mail ID of contact person.

3. Details of Industry’s Registration No :

4. Capacity in which applied for tests:
   a) Manufacturer :
   b) Division of Manufacturer :
   c) Authorised Importer :
   d) Collaborator :
   e) Assembler :
   f) Authorised Distributor :
   g) R & D Centre :

5. **Details of engine proposed to be submitted for test:**
   - Make :
   - Model :
   - Type :
   - Brand name, if any :
   - Indian trade name, if any :

<table>
<thead>
<tr>
<th>Name of Manufacturer/ Applicant</th>
<th>Document No, if any and its Revision status</th>
<th>Name of Testing Agency CFMT&amp;TI, BUDNI (M.P.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Make and Model of Tractor:</td>
<td>Signature :</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td>Name : J.J.R. NARWARE</td>
</tr>
<tr>
<td>Designation</td>
<td>Date :</td>
<td>Designation : S.A. E.</td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td>Date :</td>
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Country of origin:

1st Chassis/serial number of prototype:

Month and year of manufacture:
(Please attach copy of coding system letter as Annexure-I)

5. Whether the engine proposed to be submitted for test is a prototype or Commercial model:
   - Imported prototype
   - Indigenous prototype
   - Imported Commercial Model
   - Indigenous Commercial model

6. Nature of test:
   - Type Approval
   - Conformity of Product (COP)
   - Development Test

7. Total number of engines (as in 4 above) imported/produced since inception till date:

8. State whether design is based on foreign collaboration or Indigenous:
   - Foreign Collaboration
   - Indigenous

- State full address of collaborator:

9. Whether all the parts are produced indigenously (If no, attach list of imported parts, if any):
   - Yes
   - No

10. Period suitable for random selection of engine in case of machines already in commercial production & ready for sale (Applicable for COP only)

11. Check list for enclosures:
   a) Detailed technical specification of engine as per application format No.EMT-02 (in quadruplicate):
      - Yes
      - No
   c) Operator’s manual (in duplicate):
      -
   d) Service Manual (in duplicate):
      -
   f) Any other printed literature (to be Supplied in duplicate):
      -

12. Do you propose to depute a representative to witness the test:

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13. Whether engine has been tested earlier in India/any other country (If yes, give a test report No. & attach a copy of test Report) : Yes ☐ No ☐

14. Whether, the engine was tested for compliance of mass emission norms. If yes, enclose the copy of certificate.

<table>
<thead>
<tr>
<th>Yes/ No</th>
<th>Certificate No, &amp; dated</th>
<th>Issued by</th>
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DECLARATION

I have read the Document No. MoRTH/CMVR/TAP-115/116 (Issue No.4) and hereby agree to abide by all terms and conditions of the test, stipulated in said documents in force.

Applicant / Manufacturer :
Signature of Authorised Signatory :
Name :
Designation :
Place :
Date :
Countersigned

FOR OFFICIAL USE ONLY

<table>
<thead>
<tr>
<th>Details of testing charges deposited</th>
<th>Test Fee</th>
<th>Service Tax</th>
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<tbody>
<tr>
<td>Amount</td>
<td>Rs.</td>
<td>Rs.</td>
</tr>
<tr>
<td>Amount in words</td>
<td>(Rs.</td>
<td>(Rs.</td>
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Drawn on (Name of Bank and Branch) ____________________________
Drawee Bank (Name of Bank and (Branch) ____________________________
Draft No. ____________________________
Date ____________________________

Signature Office Assistant ____________________________

Name of Manufacturer/ Applicant ____________________________
Document No, if any and its Revision status ____________________________
Name of Testing Agency CFMT&TI, BUDNI (M.P.) ____________________________
Signature :
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Designation : S.A. E.
Date : ____________________________