

GOVERNMENT OF INDIA
MINISTRY OF AGRICULTURE AND FARMERS WELFARE
(DEPARTMENT OF AGRICULTURE, CO-OPERATION AND FARMERS WELFARE
MECHANIZATION & TECHNOLOGY DIVISION)
CENTRAL FARM MACHINERY TRAINING & TESTING INSTITUTE
(An ISO 9001: 2015 Certified Institute)

TRACTOR NAGAR BUDNI (M.P.) – 466 445 TRACTOR NAGAR BUDNI (M.P.) – 466 445
E-mail : fmti-mp@nic.in E-mail : fmti-mp@nic.in

**APPLICATION FOR CONFIDENTIAL/COMMERCIAL (INITIAL/BATCH/
ADMINISTRATIVE/TECHNICAL EXTENSION /VARIANT) TESTING OF TRACTOR**
(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. 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 :

4. **Details of tractor proposed to be submitted for test:**

- Make :
- Model :
- Type : 4 WD/ 2WD, rear wheel driven, standard
Agricultural Tractor,
- Brand name, if any :
- Indian trade name, if any :

Name of Manufacturer/ Applicant	Document No, if any and its Revision status	Name of Testing Agency CFMT&TI, BUDNI (M.P.)
Signature :	Make and Model of Tractor:	Signature :
Name :		Name : C.V. CHIMOTE
Designation :		Designation: TEST ENGINEER
Date :		Date :

- 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 tractor 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 : Confidential
 Initial Commercial
 Commercial (Variant)
 Batch
 Administrative Extension
 Technical Extension
7. If confidential/technical extension, give details of tests requested for :
 8. Total number of tractors (as in 4 above) imported/produced since inception till date. :
9. State whether design is based on foreign collaboration or Indigenous : Foreign Collaboration Yes No
 Indigenous
- State full address of collaborator :
10. Whether all the parts are produced indigenously (If no, attach list of imported parts, if any) : Yes No
11. Period suitable for random selection of tractor in case of machines already in commercial production & ready for sale (Applicable for Initial/Variant/Batch Test only) :
 12. Type of implements & other attachment or equipments that are sold along with the tractor with names of their manufacturers (please attach a list) :
 13. Whether the tractor is suitable for wet land operations : (Yes/No)
 - If Yes, state type of cage wheels/steel wheels to be used with the tractor (half/full steel cage wheels) :

Name of Manufacturer/ Applicant	Document No, if any and its Revision status	Name of Testing Agency CFMT&TI, BUDNI (M.P.)
Signature : Name : Designation : Date :	Make and Model of Tractor:	Signature : Name : C.V. CHIMOTE Designation: TEST ENGINEER Date :

14. Type of trailer to be used for haulage test :
(two wheel/four wheel)
15. Size of recommended matching implement & other equipments.
- M.B. Plough :
- Disc Plough :
- Cultivator :
- Harrow :
- Rotavator :
- Any other (to be specified) :

16. Check list for enclosures:

- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a) Detailed technical specification of tractor as per application format No.2 or 3 (Revised Dec. 2008) (in triplicate) : | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Conformity to applicable published Indian standards/ Automotive Industry Standards for testing of tractor (Please attach a list) : | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Operator's manual (in duplicate) : | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Part's Catalogue (in duplicate) : | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Service Manual (in duplicate) : | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Any other printed literature (to be Supplied in duplicate) : | <input type="checkbox"/> | <input type="checkbox"/> |
| g) A list of standard and optional accessories supplied /sold with the tractor (please attached list in duplicate) : | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. No. of additional copies of test reports required in addition to 20 free copies (Applicable for commercial report only) : | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you propose to depute a representative to witness the test : | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Details of Industry's Registration No : | | |

Name of Manufacturer/ Applicant	Document No, if any and its Revision status	Name of Testing Agency CFMT&TI, BUDNI (M.P.)
Signature :	Make and Model of Tractor:	Signature :
Name :		Name : C.V. CHIMOTE
Designation :		Designation: TEST ENGINEER
Date :		Date :

20. Whether machine has been tested earlier in India/any other country (If yes, give a test report No. & attach a copy of test Report) : Yes No
21. If tractor was tested earlier, whether it meets the requirements "Parameters Applicable for Qualifying Minimum Performance Criteria" prescribed in clause 4 (Table 1 & 2) of Indian Standard:12207-2019 :
22. If no, what modifications have been made to meet the requirements (please specify) :
23. Whether, the tractor was inspected/ tested for compliance of applicable Emission norms & CMV Rules,1989. If yes, enclose the copy of certificate. :
- | | |
|-------------------------|--|
| Yes/ No | |
| Certificate No, & dated | |
| Issued by | |

DECLARATION

I have read the Regulation for Testing of Agricultural Machinery at Central Farm Machinery Training & Testing Institute, Tractor Nagar, Budni (M.P) and hereby agree to abide by all terms and conditions of the test, stipulated in test regulations in force.

Signature of Applicant/Authorised signatory :

Name & Designation :
 Address: :
 Telephone No. :
 Fax No. :
 Date :

FOR OFFICIAL USE ONLY

Details of testing charges deposited :	Test Fee	Service Tax
Amount	Rs.	Rs.
Amount in words	(Rs.	(Rs.
The test fee to be deposited through e-payment on bharatkosh.gov.in		
Copy of E-Receipt attached	Yes	No
Transaction Ref. 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 :	Make and Model of Tractor:	Signature :
Name :		Name : C.V. CHIMOTE
Designation :		Designation: TEST ENGINEER
Date :		Date :