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GOVERNMENT OF INDIA
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CENTRAL FARM MACHINERY TRAINING & TESTING INSTITUTE
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MINISTRY OF AGRICULTURE AND FARMERS WELFARE
(DEPARTMENT OF AGRICULTURE, COOPERATION & FARMER'S WELFARE,
MECHANIZATION & TECHNOLOGY DIVISION)
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TRACTOR NAGAR, BUDNI (M.P.) 466 445(AN ISO 9001: 2015 CERTIFIED INSTITUTE)

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APPLICATION FOR
MASS EMISSION TEST OF ENGINES FITTED ON AGRICULTURAL TRACTORS/COMBINE
HARVESTERS/POWER TILLERS AND CONSTRUCTION EQUIPMENTS VECHILE
(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) Authorized Importer :
- d) Collaborator :
- e) Assembler :
- f) Authorized Distributor :
- g) R & D Centre :
5. **Details of engine proposed to be submitted for test:**
- Model :
- Type :
- 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 Engine :	Name
Name:		Designation :
Designation :		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 engine proposed to be submitted for test is a prototype or Commercial model :
- | | |
|-----------------------------|--------------------------|
| Imported prototype | <input type="checkbox"/> |
| Indigenous prototype | <input type="checkbox"/> |
| Imported Commercial Model | <input type="checkbox"/> |
| Indigenous Commercial model | <input type="checkbox"/> |
6. Nature of test :
- | | |
|---------------------------------|--------------------------|
| Type Approval | <input type="checkbox"/> |
| :Conformity of Production (COP) | <input type="checkbox"/> |
| : Development Test | <input type="checkbox"/> |
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 :
- | | | |
|-----------------------|--------------------------|--------------------------|
| | Yes | No |
| Foreign Collaboration | <input type="checkbox"/> | <input type="checkbox"/> |
| Indigenous | <input type="checkbox"/> | <input type="checkbox"/> |
- State full address of collaborator :
9. Whether all the parts are produced indigenously (If no, attach list of imported parts, if any) :
- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
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 | : | Yes | No |
| b) No.EMT-02 (in quadruplicate) | : | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Operator's manual (in duplicate) | : | <input type="checkbox"/> | <input type="checkbox"/> |
| d) 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"/> |
12. Do you propose to depute a representative to witness the test :
- | | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

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 Engine:	Signature :
Name :		Name :

Designation :
Date :

Designation :
Date :

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.

Yes/ No	
Certificate No, & dated	
Issued by	

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

Details of testing charges deposited :	Test Fee	
Amount	Rs.	
Amount in words	Rs.	
Drawn on (Name of Bank and Branch)		
Drawer 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 :	Make and Model of Engine:	Signature :
Name :		Name :
Designation :		Designation :
Date :		Date :