

Application Proforma to be filled by the Client for Phytosanitary Testing Services

(Please read the instructions carefully and refer the charges before filling the form)

(w.e.f. 01.07.2023)

1.	Date of submitting request															
2.	Name of the firm															
3.	Complete billing address															
4.	Contact email and mobile No. of the firm															
5.	GST No. of the firm															
6.	Details of sample (s)															
6a.	Purpose of testing (Indicate whether for Phytosanitary Certification or Internal Quality Control of the firm)															
6b.	Sample/Lot number assigned by Plant Quarantine Office															
6c.	Crop (s) /Plant variety (ies)															
6d.	No. of samples															
6e.	Pathogens/pests to be tested (Please ✓ wherever applicable)	<table border="1"><tr><td>1. Virus (es)</td><td></td></tr><tr><td>2. Viroid (s)</td><td></td></tr><tr><td>3. Bacteria</td><td></td></tr><tr><td>4. Fungus</td><td></td></tr><tr><td>5. Insect (s)</td><td></td></tr><tr><td>6. Nematode (s)</td><td></td></tr><tr><td>7. Weed seed (s)</td><td></td></tr></table>	1. Virus (es)		2. Viroid (s)		3. Bacteria		4. Fungus		5. Insect (s)		6. Nematode (s)		7. Weed seed (s)	
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6f.	Type of testing (for virus samples, as per requirement in request letter)	1. Simple PCR for DNA virus (es) 2. Reverse Transcriptase PCR (for RNA virus) 3. Real time PCR														
7	Payment details															
7a.	Total testing charges (Rs.) (Pl. refer the charges furnished below)															
7b.	GST (18%) (Rs.)															
7c.	Total Amount payable (Rs.) (7a + 7b) (Pl. refer bank details attached below)															
7d.	UTR No. after payment (Pl. attach the proof of payment*)															
7e.	Date of payment															

*mandatory

Signature of Authorized person of the firm

Seal of the firm

Contact No:

Instructions to the client:

- The filled application form should be submitted to the Head, Crop Protection, ICAR -IIHR (email: hd_cp.iihr@icar.gov.in).
- For any clarifications regarding calculation of charges, the Head, Crop Protection, ICAR - IIHR may be contacted through mail before making payment.
- Only GST number of the concerned firm should be given.
- If testing is done for Phytosanitary Certification purpose, only Original Request Letter(s) from the Plant Quarantine Office in sealed covers with samples (seeds/planting materials) will be considered. Photocopies of letters will not be entertained.
- Only horticultural crop sample(s) will be considered for testing and not agricultural/ field/forest crops. Crops not handled by ICAR-IIHR will not be entertained (*e.g.*) bamboo, spices, palms *etc.*
- The request date should be clearly mentioned in the letter.
- Number of samples taken up for testing will be restricted to 50 per week and maximum of 200 per month on first-cum-first basis. Priority will be given for requests received from Plant Quarantine office.
- Duration for entire process until issue of Test Report will be 10-14 working days depending upon the No. and type of tests sought for.

Charges for Testing

Sl. No.	Item/Particulars	Testing Charges (Rs.) (per pathogen/pest per sample)
1.	Virus (simple PCR for DNA virus)	1000/=
2.	Virus (Reverse Transcriptase PCR for RNA virus)	1500/=
3.	Real time PCR (if required specifically for virus detection)	6000/=
4.	Viroid	2000/=
5.	Bacteria	1000/=
6.	Fungus	1000/=
7.	Insects	1000/=
8.	Nematodes	1000/=
9.	Weed seeds	500/=

Calculation for pathogens:

Total Testing Charges = (Testing charges per pathogen) x (No. of pathogens) x (No. of samples)

Total amount payable = Total Testing Charges + 18% GST

Calculation for pests (insects/nematodes/weed seeds)

Total Testing Charges = (Testing charges per sample) x (number of samples)

Total amount payable = Total testing charges + 18% GST

ICAR-Indian Institute of Horticultural Research
Hesaraghatta Lake Post, Bengaluru- 560 089

IIHR BANK ACCOUNT DETAILS

1	Name of the Beneficiary	Director Indian Institute of Horticultural Research
2	Bank Account Number	37578009241
3	Name of the Bank Account	Current Account
4	MICR No.	560002588
5	Name of the Bank	State Bank of India
6	Name & Address of Bank Branch	SBI, Hesaraghatta Branch, IIHR, Hesaraghatta Lake Post, Bangalore – 560089
7	Bank Branch Code	41187
8	IFSC Code	SBIN0041187
9	E-mail id	itmu.iihr@icar.gov.in
10	Telephone Number	080-23086100 (431)