



GES Civil Pvt. Ltd (PT Division)

Proficiency Testing Programme for the Year 2024



| Discipline | Group                     | PT Item                                              | 2024    |        |         |        |         |        |         |        |          |        |          |        |         |        |         |        |         |        |         |        |         |        |
|------------|---------------------------|------------------------------------------------------|---------|--------|---------|--------|---------|--------|---------|--------|----------|--------|----------|--------|---------|--------|---------|--------|---------|--------|---------|--------|---------|--------|
|            |                           |                                                      | Jan-Feb |        | Feb-Mar |        | Mar-Apr |        | Apr-May |        | May-June |        | Jun-July |        | Jul-Aug |        | Aug-Sep |        | Sep-Oct |        | Oct-Nov |        | Nov-Dec |        |
|            |                           |                                                      | Planned | Status | Planned | Status | Planned | Status | Planned | Status | Planned  | Status | Planned  | Status | Planned | Status | Planned | Status | Planned | Status | Planned | Status | Planned | Status |
| Mechanical | Building Material         | Cement                                               |         |        | √       |        |         |        |         |        |          |        |          |        |         |        |         |        | √       |        |         |        |         |        |
|            |                           | Fly Ash                                              |         |        |         |        |         |        |         |        | √        |        |          |        |         |        |         |        |         |        |         |        |         |        |
|            |                           | Coarse Aggregate                                     |         |        |         |        |         |        | √       |        |          |        |          |        |         |        |         |        |         |        | √       |        |         |        |
|            |                           | Fine Aggregate                                       |         |        |         |        |         | √      |         |        |          |        |          |        |         |        |         |        |         |        |         |        |         |        |
|            |                           | Bitumen                                              |         |        |         |        |         |        |         |        |          |        |          |        | √       |        |         |        |         |        |         |        | √       |        |
|            |                           | Bitumen Emulsion                                     |         |        |         |        |         | √      |         |        |          |        |          |        |         |        | √       |        |         |        |         |        |         |        |
|            |                           | Paver Block                                          | √       |        |         |        |         |        |         |        |          |        |          |        |         | √      |         |        |         |        |         |        |         |        |
|            |                           | Brick                                                | √       |        |         |        |         |        |         |        |          |        |          |        |         | √      |         |        |         |        |         |        |         |        |
|            |                           | ACC Block                                            |         |        |         |        |         |        |         |        | √        |        |          |        |         |        |         |        |         |        |         |        |         |        |
|            |                           | Concrete Cube                                        |         |        |         |        |         |        |         |        |          |        | √        |        |         |        |         |        |         |        |         |        |         |        |
|            |                           | Concrete Core                                        |         |        |         |        |         |        |         |        |          |        |          |        |         |        |         |        |         |        |         |        | √       |        |
|            |                           | Tiles                                                |         |        |         |        |         |        |         |        |          |        | √        |        |         |        |         |        |         |        |         |        |         | √      |
|            | Soil                      | Soil                                                 |         |        | √       |        |         |        |         |        |          |        |          |        | √       |        |         |        |         |        | √       |        |         |        |
|            |                           | Field Soil                                           |         |        | √       |        |         |        |         |        |          |        |          |        |         |        |         |        | √       |        |         |        |         |        |
|            |                           | Bentonite                                            |         |        |         |        |         |        | √       |        |          |        |          |        |         |        |         |        |         |        |         |        |         |        |
|            | Mechanical Prop. Of Metal | Steel                                                |         |        |         |        |         |        | √       |        |          |        |          |        |         |        | √       |        |         |        |         |        |         |        |
| NDT        | Building Material         | Rienforcement Concrete Structure-RH, UPV, HCP, C, CD |         |        | √       |        |         |        |         |        |          |        |          |        |         |        |         |        | √       |        |         |        |         |        |
|            |                           | Rienforcement Concrete Structure-PIT                 |         |        | √       |        |         |        |         |        |          |        |          |        |         |        |         |        | √       |        |         |        |         |        |



January' 2024- February' 2024

[illegible]

| Sr. No. | Select PT Schemes | PT Item | PT Scheme Name | PT Scheme No. | Fees in INR | Select Test Parameters | Parameters | Registration Status |
|---------|-------------------|---------|----------------|---------------|-------------|------------------------|------------|---------------------|
|---------|-------------------|---------|----------------|---------------|-------------|------------------------|------------|---------------------|

March' 2024-April' 2024

[illegible]



## May' 2024-June' 2024

| September' 2024-October' 2024 |                                                                                     |                      |                                                             |                          |                       |                                                                                     |                                                |                     |          |
|-------------------------------|-------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------|--------------------------|-----------------------|-------------------------------------------------------------------------------------|------------------------------------------------|---------------------|----------|
| Sr. No.                       | Select PT Schemes                                                                   | PT Item              | PT Scheme Name                                              | PT Scheme No.            | Fees in INR           | Select Test Parameters                                                              | Parameters                                     | Registration Status |          |
| 1                             |  | Cement(OPC/PPC/PSC)  | Mechanical Properties of Cement                             | GESPT/CEM/SCH-96/2024    | Rs. 11500 + GST @ 18% |  | Consistency                                    | Upcoming            |          |
|                               |                                                                                     |                      |                                                             |                          |                       |  | Fineness by Blains air permeability            |                     |          |
|                               |                                                                                     |                      |                                                             |                          |                       |  | Density                                        |                     |          |
|                               |                                                                                     |                      |                                                             |                          |                       |  | Compressive Strength                           |                     |          |
| 2                             |  | Non Destructive Test | Non Destructive Properties of Reinforced Concrete Structure | GESPT/NDT/SCH-97/2024    | Rs. 12000 + GST @ 18% |  | Rebound Hammer Test                            |                     |          |
|                               |                                                                                     |                      |                                                             |                          |                       |  | Ultrasonic Pulse Velocity                      |                     |          |
|                               |                                                                                     |                      |                                                             |                          |                       |  | Half Cell Potential Test                       |                     |          |
|                               |                                                                                     |                      |                                                             |                          |                       |  | Carbonation                                    |                     |          |
| 3                             |  | Non Destructive Test | Non Destructive Properties of Reinforced Concrete Structure | GESPT/NDT/SCH-98/2024    | Rs. 12000 + GST @ 18% |  | Depth of Cover                                 |                     |          |
|                               |                                                                                     |                      |                                                             |                          |                       |  | Pile Integrity Test                            |                     |          |
| 4                             |  | Field Soil           | Mechanical Properties of Soil                               | GESPT/SOIL F/SCH-99/2024 | Rs. 13000 + GST @ 18% |  | Field Density Test by Core Cutter Method       |                     | Upcoming |
|                               |                                                                                     |                      |                                                             |                          |                       |  | Field Density Test by Sand Replacement Method  |                     |          |
|                               |                                                                                     |                      |                                                             |                          |                       |  | Field Moisture Test by Core Cutter Method      |                     |          |
|                               |                                                                                     |                      |                                                             |                          |                       |  | Field Moisture Test by Sand Replacement Method |                     |          |

- NOTE: If your PT plan do not coincide with our PT calendar, then mention probable month, so that if possible we can make neccessary arrangement.

|                                                                                                                                                                 |                                                                                                                                                                                                                                                |              |            |                          |                                                                                                                                               |                        |                         |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|----------------|
|                                                                                 | GES Civil Pvt. Ltd. (PT Division)                                                                                                                                                                                                              |              |            |                          |                                                                                                                                               |                        |                         |                |
|                                                                                                                                                                 | FORMS & FORMATS                                                                                                                                                                                                                                |              |            |                          |                                                                                                                                               |                        |                         |                |
|                                                                                                                                                                 | Document Name: CONSENT FORM FOR PARTICIPATION IN PROFICIENCY TESTING SCHEME                                                                                                                                                                    |              |            |                          |                                                                                                                                               |                        |                         |                |
|                                                                                                                                                                 | Issue No.                                                                                                                                                                                                                                      | 1            | Issue Date | 01-10-2018               | Form No.                                                                                                                                      | GESPTD/F-03            | Prepared & Issued By    | PT Coordinator |
| Rev. No.                                                                                                                                                        | 4                                                                                                                                                                                                                                              | Rev. Date    | 16-12-2023 | Page                     | Page 5 of 5                                                                                                                                   | Review & Approved By   | Proprietor              |                |
| Fill the details as per following (handwritten or typed)                                                                                                        |                                                                                                                                                                                                                                                |              |            |                          |                                                                                                                                               |                        |                         |                |
| Submission of scanned copy of this form through email is acceptable                                                                                             |                                                                                                                                                                                                                                                |              |            |                          |                                                                                                                                               |                        |                         |                |
| Date:                                                                                                                                                           |                                                                                                                                                                                                                                                |              |            |                          |                                                                                                                                               |                        |                         |                |
| Name of the Laboratory:                                                                                                                                         |                                                                                                                                                                                                                                                |              |            |                          |                                                                                                                                               |                        |                         |                |
| Address:                                                                                                                                                        |                                                                                                                                                                                                                                                |              |            |                          |                                                                                                                                               | Pincode:               |                         |                |
| Email Address:                                                                                                                                                  |                                                                                                                                                                                                                                                |              |            |                          |                                                                                                                                               | Organization's GST No. |                         |                |
| Name of the Contact Person:                                                                                                                                     |                                                                                                                                                                                                                                                | Designation: |            | Mobile No.:              |                                                                                                                                               |                        |                         |                |
| Preferred Courier Agency:<br>(Please mention the name of more than one courier agencies those have good service network at your door step)                      |                                                                                                                                                                                                                                                |              |            |                          |                                                                                                                                               |                        |                         |                |
| Please tick the following check boxes in acceptance of the statement written ahead:                                                                             |                                                                                                                                                                                                                                                |              |            |                          |                                                                                                                                               |                        |                         |                |
| <input type="checkbox"/>                                                                                                                                        | I/We express our consent to participate in the PT scheme/ PT scheme no., of which is mentioned above.                                                                                                                                          |              |            | <input type="checkbox"/> | All essential apparatus/ chemicals/ equipments & other requirements as specified in the test method, shall be made available during the test. |                        |                         |                |
| <input type="checkbox"/>                                                                                                                                        | I/We have read & understood the protocol & convinced with the test parameters & respective test methods.                                                                                                                                       |              |            | <input type="checkbox"/> | I/We have read & understood the terms & conditions (*) mentioned above as instructed by GES PT Div & agree to accept it.                      |                        |                         |                |
| <input type="checkbox"/>                                                                                                                                        | I/We understand that my/our participation may be revoked on non-compliance with time schedule as instructed by PTP.                                                                                                                            |              |            |                          |                                                                                                                                               |                        |                         |                |
| <input type="checkbox"/>                                                                                                                                        | Our laboratory is accredited as per ISO 17025 in above all/ some test parameters & our certificate Number is _____ which is valid up to _____.                                                                                                 |              |            |                          |                                                                                                                                               |                        |                         |                |
| <input type="checkbox"/>                                                                                                                                        | Our laboratory is not accredited as per ISO 17025 in all/ some test parameters, whereas only calibrated equipments will be used in particular test & calibration status will be submitted along with PT results for non-accredited parameters. |              |            |                          |                                                                                                                                               |                        |                         |                |
| To Avail opportunity discount @ 15%, please mention any previous PT scheme No. or final PT Report No. in which you have participated_____                       |                                                                                                                                                                                                                                                |              |            |                          |                                                                                                                                               |                        |                         |                |
| To Avail opportunity discount @ 20%, please participate in minimum three or maximum six PT schemes at the time of participation from the present year calendar. |                                                                                                                                                                                                                                                |              |            |                          |                                                                                                                                               |                        |                         |                |
| Name:                                                                                                                                                           |                                                                                                                                                                                                                                                | Designation: |            | Signature with Date:     |                                                                                                                                               |                        |                         |                |
| Remarks (If Any) for participants:                                                                                                                              |                                                                                                                                                                                                                                                |              |            |                          |                                                                                                                                               |                        | <div>Stamp of Lab</div> |                |
|                                                                                                                                                                 |                                                                                                                                                                                                                                                |              |            |                          |                                                                                                                                               |                        |                         |                |
| Remarks (If Any) for GES Civil Pvt. Ltd. (PT Division):                                                                                                         |                                                                                                                                                                                                                                                |              |            |                          |                                                                                                                                               |                        |                         |                |
|                                                                                                                                                                 |                                                                                                                                                                                                                                                |              |            |                          |                                                                                                                                               |                        |                         |                |
| Email Scanned copy of duly filled consent form to: gesptp@gmail.com                                                                                             |                                                                                                                                                                                                                                                |              |            |                          |                                                                                                                                               |                        |                         |                |