**Declaration of Manufacturer/Industry for testing of Mask at DRDE, Gwalior for COVID-19**

**(Declaration to be given on official letter head of the company duly signed and Stamped by Competent Authority)**

(All columns are mandatory in addition to its submission in original along with the test samples, scanned copy of this form may also to be e-mailed to: [testing@drde.drdo.in](mailto:testing@drde.drdo.in))

1. Name of the Manufacturing company/organisation/Industry :
2. Registered Address :
3. Name of Head of Company/Organisation :
4. (a) Contact Number :

(b) Official e-mail id :

5. (a) Company Registration Number :

/MSME Udyog Aadhar Number/DIC

Registration number (whichever applicable)

(b) GSTIN Number :

6. Category of Masks to be tested

1. N95/FFP2/KN95/Equivalent
2. FFP3(IS 9473:2002)/ Equivalent
3. N99/FFP3 (EN 149:2001)/ Equivalent
4. Advanced Facemask with melt blown filter ( DRDE Specs)
5. Advanced Facemask with nanoweb ( DRDE Specs)

7. Description/configuration of the mask

(a)With Exhalation valve/without

(b) Number of total layers

(c) Configuration/sequence & detail of each layer

(c) Main Filter layer type

(d) Number of filter layer

(e) GSM of total layers

(f) Fabrication (Stitching/Ultrasonic/Heat sealing etc)

(g)Any other point felt necessary to describe the Mask:

8. Test sample does not contains 3 ply face mask, stitched mask, FFP1 mask, Loose Fabric, mask without diaphragm in the exhalation valve, and mask with stapled fastener in test area/breathing zone: Yes/No

9. Test(S) to be done:

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Test** | **Test Standard\*** | **Test to be carried out** |
| i | Particulates Filtration Efficiency (PFE) | NaCl Aerosol with laser based measurement. |  |
| ii | Breathing (Inhalation)Resistance | IS 9473:2002 |  |
| iii | Exhalation Valve Leakage | IS 9473-1980/NIOSH: TEB-APR-STP-004/ |  |
| iv | Exhalation Resistance | IS 9473:2002 |  |
| v | Flammability | IS 9473:2002 |  |
| vi | Splash Resistance | ASTM F 1862/F1862M-17/IS16289 Annexure D |  |

10. Declaration:

I/We\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being the authorized person(s) in our Company/Organisation hereby certify that the above information is true to best of our knowledge. I/We also certify that we are fully aware that the face masks are related to the safety of the healthcare professionals, and we will ensure that the quality of our manufactured product meet the standards.

I/We are the original manufacturer of mask mentioned under appropriate government approval, and not traders/dealers/distributors.

I/We have carefully gone through all the point of declaration. If the submitted sample will fail to meet the guidelines of testing the deposited money will be forfeited.

Place : **Signature of the Authorised Signatory with Seal**

Date :