

**DEPARTMENT OF ANIMAL HUSBANDARY AND VERTINERY**  
**SERVICES**

**APPLICATION FORM FOR SPECIAL CALF REARING**  
**SCHEME**

- 1) Name of the beneficiary -----
  - 2) Address-----
  - 3) Tel. No. or Contact Tel. No. -----
  - 4) Educational Qualification: -----
  - 5) Profession: -----
  - 6) Ration Card No: -----  
(Copy to be enclosed having beneficiary)
  - 7) whether benefit of scheme was availed earlier (YES/NO)  
(If yes, Give details below)
  - 8) Identification Mark ----- Tag No. ----- Age -----
    - a.
    - b.
    - c.
    - d.
  - 9) Date of Birth of Calf -----  
(for which feed assistance is applied)
- Identification Mark -----
- 1)
  - 2) Whether farmer has facility to rear calf -----
  - 3) Previous experience in the field -----
  - 4) Present weight of calf and age -----
  - 5) Registration number -----
  - 6) Whether member of Dairy Co-operative Society. Yes/No

7) If yes, Name of the Dairy Society.

8) I solemnly state and affirm that I will not take feed under any other Govt. Scheme or from any other organization/ Institution for this particular calf.

Signature of Applicant

I consider that the case is feasible and the beneficiary has the desire to rear the animal as per recommendation of the Department. Further, I verify that the Calf is not getting feed from any other scheme of the Govt/ other Institution.

Signature of E.O.