

**GOVERNMENT OF GOA
DEPARTMENT OF ANIMAL HUSBANDRY & VETERINARY
SERVICES, PASHU SANVARDHAN BHAVAN, PATTO- PANAJI- GOA**

(SPECIAL CALF REARING SCHEME)

APPLICATION FORM

(One form is to be utilized per calf)

- 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)
 - 1) Identification Mark -----
 - 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.

I agree to all the points in the application and to the remarks of E.O. (AH)

Signature of V.O.

Dated:-