

**GOVERNMENT OF GOA**  
**DIRECTORATE OF ANIMAL HUSBANDRY & VETERINARY SERVICES**

**PATTO, PANAJI – GOA**

APPLICATION FORM OF SCHEME FOR SUBSIDIARY OCCUPATION IN DAIRY FARMING

**KAMDHENU (Revised)**

1) Full name of the applicant: .....  
 (in block letters) Surname First name Father's/Husbands name

2) Permanent address: a) House No.....  
 b) Village/Ward.....  
 c) Taluka.....

3) Educational Qualification: .....

4) Employed/unemployed:.....

5) Age: .....

6) Information of Existing milch animals, if any:-

Type of animal	Adult		Heifers	Young Female Calves	Bulls	E.T.No.
	Cow	Buffalo				
Local						
XB						
Buff						

8) Daily milk production (In Litres) : ..... Cow milk:.....Buff.Milk

9) Quantity of milk daily sold to Dairy Co-op. Society (Litres):.....

10) Name of the Dairy Co-op. Society & Membership No.:.....

11) Whether the applicant or any member of his/her family has availed subsidy earlier under 1-10 milch animal scheme, old Kamdhenu Scheme or Modern Dairy Scheme and details of purchase .....

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12) Type of Cattle Shed (Pucca/Kaccha/proposed new shed)  
 and its capacity .....

13) Own land/area under green/dry fodder &  
 under any other crop: .....

14) Whether animals purchased earlier under Kamdhenu Scheme.....

Yes/No.

If Yes:

a) Name of Financing Institution and quantum of loan availed:

b) Number of animals purchased and dates of purchased:

c) Present position of animal: a) Alive.....b) Died.....

d) Whether animals purchased on his own or with the help of Veterinary Doctor.

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15) Number/Breed of animals proposed to be purchased under the **Revised Kamdhenu Scheme**.....

16) Name of Financing Institution from where loan is proposed to be availed.....

18) Annexure to be attached

a) Residence Certificate (15 years residence)

b) Copy of Ration Card.

19) I hereby certify that I have read the entire Scheme containing its rules, regulations and guidelines to hereby agree to abide by them and any changes, which the Government may like to incorporate from time to time. I further certify that all information given by me is true to the best of my knowledge and belief and also agree that in case it is found false I shall be liable for any action as Government may find it fit and appropriate to impose upon me.

Date:

Signature of the Applicant

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**FOR OFFICE USE ONLY**

(Form to be verified and recommended within 8 days of receipt of application:)

a) The existing animals of the applicant are ..... identified by Ear Tagging (write tag's No.)

b) Whether the farmer has cattle shed sufficient

to house the animals to be purchased .....

c) Availability of Green/Dry Fodder, Paddy straw etc. or desires to avail the new fodder scheme.....

d) Whether applicant is trained/untrained in Dairy Management .....

e) Recommendation

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f) I certify that the information provided by the applicant in his application is verified by me and it's correct to the best of my knowledge.

Veterinary Officer/Assistant Director

Date:

Place: