

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:-