

RAJASTHAN STATE VETERINARY COUNCIL

(To be filled in capital letters)

Full Name :

Father's/Husband's
Name:

Designation:

Present Posting:

Department/Univ./
Organization:

Permanent
Residential Address:

State:										Pin:									

Phone :

Office: STD Tel.

Residence: STD Tel.

Mobile:

E-mail:

Date Of Birth

DD/MM/YYYY

Blood Group

Educational
Qualification :

Degree	Subject	Year Of Passing
B.V. Sc. &A.H.		
M.V. Sc.		
PhD		

R.S.V.C. Reg. No. :

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Note : Enclose two passport size colour photographs with the form.
Write your name on back side of the photo.

Date:

Signature: