

GOVERNMENT OF GOA,
DEPARTMENT OF ANIMAL HUSBANDRY & VETERINARY SERVICES,
PASHUSAMVARDHAN BHAVAN, PATTO, PANAJI – GOA.

Form No. I
PASHUPALAN SCHEME
Registration Form

Cross Breeding of Non Descript Cows/Non Descript Buffalo

- 1) Name of the Farmer: _____
- 2) Address: _____
- 3) Category: S.C./ S.T./ Dhangar/Others: _____
(Enclose caste certificate if applicable)
- 4) Constituency: _____
- 5) Contact No.: _____
- 6) Description of Cow/buffalo: a) Colour:
b) Tail Switch:
c) Horns:
d) Identification mark:
- 7) Reg.No.: _____
- 6) Date of A.I: _____
- 7) Microchip No: _____
- 8) 1st A.I/ 2nd A.I or Repeat A.I: _____

Certified that the A.I has been performed & recorded in the A. I. register maintained in this Office.

Signature of Extension Officer
Officer

Signature of Assistant Director/Veterinary

Date:

Date:

UNDERTAKING – L (C/B)

I _____, R/O _____ undertake to stall-feed the Non Descript Cow/Non Descript buffalo bearing registration No. _____ during the stage of pregnancy. I am aware that I shall not be entitled for incentives if I do not maintain the animal tied as per the guidelines of the scheme.

Name of the Bank & Branch _____

Saving Account No. _____ MICR No: _____

IFSC: _____ ECS

No.: _____

Date:

Signature of Farmer:

Signed in presence of Assistant Director/Veterinary Officer

Signature of Assistant Director/Veterinary Officer

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Form No. II

PASHUPALAN SCHEME

Intimation of Pregnancy
(To be filled in by Local AD / VO)

- 1) Name of the Farmer: _____
- 2) Address: _____
- 3) Category: SC/ST/Dhangar/Others: _____
- 4) Contact No.: - _____
- 5) Description of Cow/buffalo: a) Colour:
b) Tail Switch:
c) Horns:
d) Identification mark:
- 6) (a) Reg. No. _____
(b) Microchip No. _____
- 7) Date of A.I: - _____
- 8) Date of Confirmation of Pregnancy: _____

Certified that the above information is correct and the said animal is recommended for incentives under the scheme.

Date:

Signature of Assistant Director/Veterinary Officer

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Form No.III

PASHUPALAN SCHEME

Monthly progress report for Local Cows/Buffaloes

(A)

Sr. No.	Registration No Microchip No	Name & Address of Farmer	Pregnancy status of animal (month)	Incentive Amount	Name of the Bank Account No: MICR No: IFSC Code: ECS NO:

Certified that the above animals were examined for pregnancy, and are alive and pregnant as of today. The feed subsidy allowance may be released / as per the chart (A) above.

(B)

Sr. No.	Registration No Microchip No	Name & Address of Farmer	Aborted /Died/Sold	Date	Remark

Certified that the above animals as in Chart (B) is/ are not entitled to any further feed allowance under the scheme.

Date:

Signature of the A.D. / V.O of the area

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Form No. IV

PASHUPALAN SCHEME

Intimation of Birth of calf

(Cross bred/Improved Buffalo Calf born from Non Descript Cow/non Descript Buffalo)
(To be filled in by farmer)

I hereby intimate to the authorities about the birth of female calf to my Non Descript
Cow/Non Descript Buffalo Reg no. _____ which delivered on _____ .

My details are as follows:

1) Name _____

2) Address _____

3) Category: S.C./S.T./Dhangar/Others: _____

(Enclosed caste certificate, if applicable)

4) Constituency: _____

5) Contact no. _____

6) Date Of A.I: _____

7) Name of the Bank & Branch: _____

8) Saving Account no. _____

9) IFSC Code: _____

10) MICR No: _____

11) ECS No: _____

Kindly release the incentive as per the Scheme.

Date:

Signature of Farmer

I have verified the birth of a female calf and recommend the release of incentive .

Date:

Signature of Assistant Director/ Veterinary Officer

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Form No. V
PASHUPALAN SCHEME
Registration of calf

- 1) Owner/ Name of Farmer: _____
- 2) Address: _____
- 3) Category : S.C./ S.T. /Dhangar/ Others: _____
(Enclosed caste certificate, if applicable)
- 4) Constituency: _____
- 5) Contact No. _____
- 6) Description of Calf (breed & colour) _____
- 7) (a) Reg.No. _____
(b) Microchip No. _____
- 8). Date of Birth _____
- 9) Weight at the time of Registration: _____
- 10) Date of A.I:- _____
- 11) Date of Registration:- _____

Date: _____

Signature of Assistant Director/ Veterinary Officer

Undertaking

I, _____ R/O _____ undertake to stall-feed the calf bearing registration no _____ & microchip no _____. I am aware that I shall not be entitled for feed allowance subsidy if I do not keep the animal tied as per the guidelines of the scheme.

Name of the Bank & Branch: _____

Saving Account no. is _____ MICR NO: _____

IFSC: _____ ECS No: _____

Date: _____

Name & Signature of Farmers

Signed in presence of Assistant Director/Veterinary Officer

Signature of Assistant Director/Veterinary Officer

Annexure “A”

CERTIFICATE

This is to certify that I have examined on this day _____ of _____ 20__ a Female Cross-bred calf/ Improved female buffalo calf belonging to Shri/Smt.....R/o..... Category: S.C./S.T./Dhangar/Others, registered under Regd. No..... and bearing Microchip No.....sanctioned as per the Head Office Order No.dated.....under “Pashupalan Scheme” of the Directorate of Animal Husbandry & Veterinary Services.

The said female Crossbred Calf/ Improved female buffalo calf has gained a body weight of.....Kgs for the quarter ending months as per the approved pattern of the Pashupalan Scheme.

The eligible subsidy of Rs.....(Rupeesonly) may be released to the beneficiary.

His/Her Bank details are:

1. Name of the Bank:
2. Branch:
3. Account Number:
4. Type of Account
5. MICR Number:
6. IFSC code:
7. ECS code:

It is further certified that, I have personally verified the said records and shall be fully responsible in case of misrepresentation of facts or concealing any information or in case any information is found to be false.

Sign. of Vety Assistant with date

Date:

Signature of the Ext. Officer(AH)

Date:

Signature of Assistant Director/Veterinary Officer
with Office Stamp

