

Form No.I

Sr No.

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

(RASHTRIYA KRISHI VIKAS YOJANA)

(Breeding of Local Cows Scheme)

(To be filled in by Local AD / VO)

- 1) Owner/ Name of Farmer: _____
- 2) Address: _____
- 3) Contact No. if Available: _____
- 4) Description of Cow: _____
- 5) Cattle Shed / No cattle Shed (cancel what is not applicable)
- 6) (a) Reg.No. _____
(b) Microchip No. _____
- 6) Date of A.I: - _____
- 7) 1st A.I/ 2nd A.I or Repeat A.I (cancel what is not applicable)

I certify that the A.I has been performed under my directions, and as per my recommendations. I confirm the above information.

Signature of Assistant Director/ Veterinary Officer

Undertaking

I undertake to stall-feed the Cow bearing registration no _____
& microchip no _____, during the stage of pregnancy. In case
my Cow becomes pregnant, the Department may supply the feed for the Cow at
Veterinary _____ from where I shall lift the feed to my cattle shed. I am
aware that I shall not be entitled for feed allowance if I do not maintain the animal
tied as per the guidelines of the scheme.

Name & Signature of Farmers

With Address & Contact No.

Form No.II

GOVERNMENT OF GOA,
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SERVICES,
PASHUSAMVARDHAN BHAVAN, PATTO, PANAJI – GOA.

(RASHTRIYA KRISHI VIKAS YOJANA)
(Breeding of Local Cows Scheme)
(To be filled in by Local AD / VO)

1) Name of Owner/Farmer: _____

2) Address: _____

3) Contact No. if Available: - _____

4) Description of Cow: _____

5) (a) Reg No. _____

(b) Microchip No. _____

6) Date of A.I: - _____

7) Date P.D. Confirmation of Pregnancy : _____

Certified that the above information is correct and the Cow is confirmed
Pregnant.

Feed incentive is recommended for the Local Cow Reg.No. -----.

The feed be delivered at _____

-----.

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

Form No.III

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

(RASHTRIYA KRISHI VIKAS YOJANA)

(Breeding of Local Cows Scheme)

(To be filled in by Local AD / VO)

Monthly progress report

Certified that the animals registered as no. _____ belonging to _____ has aborted / died and is not entitled to any further feed allowance under the scheme.

Certified that the following animals registered as no.'s _____ for feed allowance at this Hospital / Dispensary and whose PD's were performed, are alive and pregnant as of today. The feed allowance may be continued.

_____ Kg feed may be delivered at _____

-----.

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

Book No.

Sr No.

GOVERNMENT OF GOA,
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(RASHTRIYA KRISHI VIKAS YOJANA

Feed - Receipt

Received from the Director, Directorate of Animal Husbandry & Veterinary Services, Panaji _____Kgs of feed in good condition, as feed incentive for Cow reg. no _____ for the month of _____.

Dt:

Name & Signature of Farmers

Place:

With Address & Contact No.

Certified that the feed has been supplied to the farmer referred to above is the _____ installment of feed supply as per the scheme for the month of _____.

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

Book No

Receipt No.

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

(RASHTRIYA KRISHI VIKAS YOJANA

Cash – Receipt

Received from Assistant Director / Veterinary Officer

_____ a sum of Rs.100/-(Rupees one hundred only) as the
Artificial Insemination incentive for my local cow, after performing A.I on my
local Cow. This is the first/ second A.I.

Name & Signature of Farmers
Registration no.

XX

Book No

Receipt No.

GOVERNMENT OF GOA
DIRECTORATE OF ANIMAL HUSBANDRY & VETERINARY
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Registration no.

