

Application Form For Gopal Ratna Award Scheme

ANNEXURE – I

**GOVERNMENT OF GOA
DEPARTMENT OF ANIMAL HUSBANDRY & VETERINARY SERVICES
PATTO, PANAJI – GOA**

“GOPAL RATNA AWARD”

Photograph
of the
applicant

- 1) Full name of the applicant:
.....
(IN BLOCK LETTERS) Surname First name Father’s/Husband’s name
- 2) Male / Female
- 3) Age
- 4) Permanent address: a) House No..... b) Ward.....
c) Village..... d) Taluka
e) Constituency
f) Telephone No..... Mobile No.....
- 5) Names and address of Farm;
.....
.....
- 6) Category: OBC/ST/SC/General (In case of SC/ ST - Certificate to be produced)
- 7) Educational Qualification.....
- 8) Bank Name. Branch.....
Account No.....
MICR No. IFSC No.
- 9) Information of existing milch animals:-

Type of animals	Adult		Heifers		Young Calves	Female
	Cow	Buffalo	Cow	Buffalo	Cow	Buffalo
Cross Bred Cow/ Imp. She Buff.						
Local/ N.D.						

- 10) Type of Cattle Shed (Pucca /Kaccha) and its capacity
- 11) Name of the Dairy Co-op. Society & Membership No.:.....
- 12) Detail of milk production for the year-----

Sr.No.	Month/Year	Milk production
1	April	
2	May	
3	June	
4	July	
5	August	
6	September	
7	October	
8	November	
9	December	
10	January	
11	February	
12	March	
	Total milk production for the year	

DECLARATION

Annexure to be attached;

I -----do hereby declare I shall comply to all the requirements of norms of Award for the year ----- and further declare that, if it is found that I am granted benefits upon giving any false information, the awarding authority shall withdraw the Award and certificate and recover the entire amount of Award besides any other action that may be taken against me as per the law enforced indulging penal action.

Date: Signature of the Applicant

Full Name

Address

Documents enclosed with the application

1. Residence Certificate minimum five years from Mamlatdar.
2. Certified copy of Adhar Card.
3. 2 passport size photograph of the applicant.
4. Mandate form/copy of bank passbook

FOR OFFICE USE ONLY

Remarks and recommendation of Area Veterinary Officer /Asst.

Director

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Date :

Signature of Veterinary Officer/

Assistant Director

Official Seal