**Annexure I**

**Animal Husbandry and Dairying Department, Haryana**

**Name of Area Govt. Vety. Hospital ...................................................................................................**

**Sub-Division......................................................................................................................................**

**District...............................................................................................................................................**

|  |  |  |
| --- | --- | --- |
| 1. | Name of the Applicant |  |
| 2. | Age |  |
| 3. | Mobile No. |  |
| 4. | Name of Father/ Husband |  |
| 5. | Address of Applicant |  |
| 6. | Aadhar Number (enclose photocopy) |  |
| 7. | Parivar Pehchaan Patra (PPP) ID |  |
| 8. | Educational Qualifications |  |
| 9. | Whether the applicant is scheduled caste (Yes/ No). (If yes, enclose photocopy) |  |
| 10. | Whether the applicant belongs to BPL family. If yes; proof their of | BPL List No…………………..Year……………………. |
| 11. | Detail of Agriculture Culture Land in the name applicant, if any enclose verification from Patwari | Acre………… Kanal……………Marla…………. |
| 12. | Any experience of keeping backyard poultry. |  |

Date………………………..

**Signature of Applicant**

**Declaration by applicant**

I, …………………….............................…………………S/o, W/o………….........................……………resident of ……………………………........................................……declare that the details provided by me are true and I shall be responsible for submitting any wrong information.

Date…………………………….

**Signature/ Thumb impression of Applicant**

**Verified**

**(Village Sarpanch/ Panch/ Representative of Local Body)**

**Recommendation of Veterinary Surgeon and Sub Divisional Officer**

**Veterinary Surgeon Sub Divisional Officer**

GVH…………………………………… Sub Division………………………………..

**Approval by Deputy Director**

**District.................................................**

**Deputy Director**