**Name of Distt.**

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| **Sr. No.** | **Year** | **No. of Pending Health Certificates Issued/ Animals Insured by Veterinary Surgeon under Livestock Insurance Scheme For Which Honorarium to be paid** | | | | **No. of Pending Post Mortem Certificates Issued by Veterinary Surgeon under Livestock Insurance Scheme For Which Honorarium to be paid** | | | | **Remarks** |
| **APL** | **BPL** | **SC** | **Total** | **APL** | **BPL** | **SC** | **Total** |
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