Annexure VII-page 2

|  |
| --- |
| **Beneficiary Details** |
|  | Saral ID No. |  |
|  | Breed |  |
|  | Name |  |
|  | Father’s Name |  |
|  | Mother’s Name |  |
|  | Date of Birth |  |
|  | Village |  |
|  | Adhar No. |  |
|  | Mobile No. |  |
|  | PAN No. |  |
|  | Name of Bank |  |
|  | IFSC Code |  |
|  | Account No. |  |
|  | UCP Code (SDO Office) |  |
|  | Incentive Money |  |

Des No. ...................Dated......................

Forwarded to SDO AH&D ............................................................ for information & n/a please.

**Veterinary Surgeon**

GVH--------------------------------------