**DEPARTMENT OF ANIMAL HUSBANDRY &**

**DAIRYING, HARYANA**

**DISTRICT**..............................................

No................................... Name of GVH............................................................................................

Dated.............................................. Name of Bank..........................................................................................

**Health Certificate**

**For Pashudhan Kisan Credit Card (PKCC)**

Certified that I have examined the following animal and found free from contagious disease and good in condition: -

|  |  |  |  |
| --- | --- | --- | --- |
| **A.** | **Name of the Beneficiary**  **with parentage & full address** | |  |
| **B.** | **Aadhar No.** | |  |
| **C.** | **Mobile No.** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D.** | **Particulars of Animals** | **Animal 1.** | **Animal 2.** | **Animal 3.** |
| 1. | Tag No. | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |  |  |  |  |  |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |  |  |  |  |  |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |  |  |  |  |  |  | |
| 2. | Species |  |  |  |
| 3. | Breed |  |  |  |
| 4. | Colour |  |  |  |
| 5. | Age |  |  |  |
| 6. | Date of Calving |  |  |  |
| 7. | Sex of Calf |  |  |  |
| 8. | No. of Lactation |  |  |  |
| 9. | Approx. Milk Yield (Litres/day) |  |  |  |
| 10. | Descriptions |  |  |  |
|  | a. Horn Details |  |  |  |
|  | b. Tail Details |  |  |  |
| 11. | Approximate cost of the animal |  |  |  |

**Signature of Beneficiary**

**POS Name & Signature of**

**Insurance Company Veterinary Surgeon with Stamp**