

**GOVERNMENT OF PUDUCHERRY  
DEPARTMENT OF ANIMAL HUSBANDRY AND ANIMAL WELFARE  
NATIONAL LIVESTOCK MISSION – RISK MANAGEMENT AND INSURANCE SCHEME**

**“APPLICATION FOR PROVIDING ASSISTANCE TO BELOW POVERTY LINE FARMERS FOR INSURING THEIR MILCH ANIMALS AT 70% SUBSIDY WITH THE FINANCIAL ASSISTANCE OF CENTRAL AND STATE GOVERNMENT ”**

*Affix a recently taken Passport size photo of the applicant*

1. Name of the Applicant : \_\_\_\_\_
2. Name of the Father / Husband : \_\_\_\_\_
3. Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Date of Birth & age : \_\_\_\_\_
5. Phone No. / Mobile No. : \_\_\_\_\_
6. Ration card/ Smart card No. : \_\_\_\_\_  
(Enclose copy)
7. Aadhar Card No. (Enclose copy) : \_\_\_\_\_
8. Voter ID card No. (Enclose copy) : \_\_\_\_\_
9. Whether belongs to Scheduled Caste? : Yes  No
10. Whether belongs to Below Poverty line? : Yes  No
11. Annual Family income : \_\_\_\_\_
12. Experience in cattle rearing : \_\_\_\_\_ years
13. Total No. of milch animals in possession : \_\_\_\_\_
14. Do you agree to pay 30% of premium amount? : Yes  No

15. Details of animals proposed to be insured:

(Milch cattle which produce minimum of 10 liters of milk per day and milch Buffalo which produce minimum 7.5 liters of milk per day only to be considered.)

Sl.No	Mich Cattle / Buffalo	Age	Details of Calf	
			sex	age
1.				
2.				
3.				
4.				
5.				

**UNDERTAKING**

I,.....  
S/o.,W/o.,D/o. .... residing at . .....  
.....and  
recipient / beneficiary of the above subsidy assistance from the Department of Animal Husbandry and Animal Welfare, Puducherry, do hereby solemnly affirm that the information furnished by me while applying for the said scheme is true and genuine. In case if it is found and proved subsequently, that the information furnished by me is false, I hereby undertake to repay the amount granted as subsidy to me or accept to recover the same in whatever manner deemed fit by the Government of Puducherry. I also undertake that I will rear the milch animals for a minimum period of 3 years as per the guidance of the Veterinary Assistant Surgeon.

**Place :**

**Date :**

***Signature of the beneficiary***

(For the Use of Veterinary Assistant Surgeon only)

**HEALTH AND VALUATION CERTIFICATE**

Certified that on this \_\_\_\_\_ day, I have physically examined the milch cow(s) / buffalo(es) belonging to \_\_\_\_\_

S/o, W/o, D/o \_\_\_\_\_ residing at \_\_\_\_\_

\_\_\_\_\_, In my opinion the \_\_\_\_\_ Number of milch animals possessed by him are in sound health and apparently disease free, and eligible for providing Insurance cover as per terms and conditions of this Scheme “NLM – Risk Management Insurance” as detailed below. The value of the animals are also furnished below,

Sl. No	Milch Animal (Cow / Buffalo)	Breed	Age	Milk yield/day at peak lactation	Colour & identification marks	No. of Calvings	Value of the animal (in Rs.)	Tag No
1.								
2.								
3.								
4.								
5.								

Place:

Signature of the VAS with Seal,

Date :

**INCOME, RESIDENCE AND CASTE CERTIFICATE**

Ref No.

This is to certify that Thiru /Tmt /Selvi ..... S/o, W/o,  
D/o. .... residing at .....  
.....has continuous residence for  
..... years preceding from the date of issue of this certificate and he/she belongs to  
..... caste. His / Her annual family income is Rs.  
..... (Rupees .....only) during  
this year. This Certificate is issued for availing subsidy under the National Livestock Mission – Risk  
Management and Insurance Scheme from the Department of Animal Husbandry and Animal Welfare,  
Puducherry.

**Place :**

**Date :**

**TAHSILDAR/ DEPUTY TAHSILDAR**

*(office seal)*

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*(for Office use only)*

1. Recommendation of the Veterinary Assistant Surgeon : **RECOMMENDED / NOT RECOMMENDED**

*Signature* :

*Name* :

*Designation* :

2. Approval of the Selection committee : **SELECTED / REJECTED\***

**Member Secretary**  
Veterinary Assistant Surgeon  
Veterinary Dispensary

**Member**  
Veterinary Assistant Surgeon  
Key Village Centre  
(Block III)

**Chairman**  
Joint Director (CR) cum  
Nodal officer for NLM  
DAH&AW

*\* specify the reasons*