General / SC

GOVERNMENT OF PUDUCHERRY
DEPARTMENT OF ANIMAL HUSBANDRY AND ANIMAL WELFARE

Affix a recently taken Passport size photo

NATIONAL LIVESTOCK MISSION – RISK MANAGEMENT AND INSURANCE SCHEME
(Central Government Share 85% and Beneficiary Share 15%)

1. Name of the Applicant : *(As in Aadhaar card)*
2. Name of the Father / Husband :
3. Address :
4. Mobile No. *(Aadhaar no linked)* :
5. Date of Birth & age :
6. Aadhaar Card No. (Enclose copy) :
7. Ration card No. (Enclose copy) :
8. Category (*If SC enclose proof)* : General / Scheduled Caste
9. Total No. of milch animals maitained :
10. Do you agree to pay 15 % of premium amount? : Yes / No
11. Bank Account details : *(Account No, Branch name & IFSC code)*

12. Details of animals proposed to be insured (Colour photos of Beneficiary with Milch cow)

Sl.No	Mich Cattle / Buffalo	Age	Tag No
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

UNDERTAKING

I the 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 assure 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 Office use only)

Soundness and Health Certificate

Certified that on this ……day, I have physically examined ……nos. of milch cows / buffaloes belonging to ……S/W/D/o ……..…… residing at ……..

	Milch Cow / Buffalo	Tag No	Breed	Age (in years)	Colour & Identification	Milk Yield (l/day)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

The above said milch animals are sound, healthy and apparently disease free and eligible for providing Insurance cover as per the terms and conditions of this Scheme "NLM – Risk Management Insurance"

Place:

Date: **Signature of the VAS**

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1. Recommendation of the Veterinary Assistant Surgeon **:** **RECOMMENDED / NOT RECOMMENDED***
   (**reasons……..)*

   Signature :
   Name :
   Designation :

2. Approval of the Selection committee **:** **SELECTED / REJECTED***
   (reasons……..)*

Member Secretary	**Member**	**Chairman**
Veterinary Assistant Surgeon Veterinary Dispensary	Veterinary Assistant Surgeon Key Village Centre (Block III)	Joint Director (CR) cum Nodal officer for NLM DAH&AW