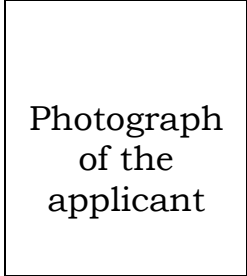


**Application Form For GopalRatna Award Scheme**

**ANNEXURE – I**

**GOVERNMENT OF GOA  
DEPARTMENT OF ANIMAL HUSBANDRY & VETERINARY SERVICES  
PATTO, PANAJI – GOA**

**“GOPALRATNA AWARD”**



- 1) Full name of the applicant:  
 .....  
 .....  
 (IN BLOCK LETTERS) Surname First name Father’s/Husband’s name
- 2) Male / Female
- 3) Age
- 4) Permanent address: a) House No..... b)  
 Ward.....  
 c) Village..... d) Taluka .....  
 e) Constituency .....  
 f) Telephone No..... Mobile No.....
- 5) Names and address of Farm;  
 .....  
 .....  
 .....
- 6) Category: OBC/ST/SC/General (In case of SC/ ST - Certificate to be produced)
- 7) Educational Qualification.....
- 8) Bank Name. .... Branch.....  
 Account No.....  
 MICR No. .... IFSC No.  
 .....
- 9) Information of existing milch animals:-

Type of animals	Adult		Heifers		Young Calves	Female
	Cow	Buffalo	Cow	Buffalo	Cow	Buffalo
Cross Bred Cow/ Imp. She Buff.						
Local/ N.D.						

- 10) Type of Cattle Shed (Pucca /Kaccha) and its capacity .....
- 11) Name of the Dairy Co-op. Society & Membership No.:.....
- 12) Detail of milk production for the year-----

Sr.No.	Month/Year	Milk production
1	April	
2	May	
3	June	
4	July	
5	August	
6	September	
7	October	
8	November	
9	December	
10	January	
11	February	
12	March	
	Total milk production for the year	

**DECLARATION**

Annexure to be attached;

I -----do hereby declare I shall comply to all the requirements of norms of Award for the year ----- and further declare that, if it is found that I am granted benefits upon giving any false information, the awarding authority shall withdraw the Award and certificate and recover the entire amount of Award besides any other action that may be taken against me as per the law enforced indulging penal action.

Date:

Signature of the Applicant

Full Name

Address

Documents enclosed with the application

1. Residence Certificate minimum five years from Mamlatdar.
2. Certified copy of Adhar Card.
3. 2 passport size photograph of the applicant.
4. Mandate form/copy of bank passbook

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**FOR OFFICE USE ONLY**

Remarks and recommendation of Area Veterinary Officer /Asst. Director

.....  
.....  
.....  
.....  
.....  
.....  
.....

Date :

Signature of Veterinary Officer/  
Assistant Director  
Official Seal

The pattern of Assistance of the scheme has been approved by the Finance Department vide their U.O. No. 1365 dated 12/05/2016. This notification shall come in force with immediate effect.

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By Order and in the name of the  
Governor of Goa

(Dr. Santosh V. Desai)  
Director & Ex-Officio  
Jt. Secretary. (AH)

Date:- 20/05/2016

To,

The Director of Printing & Stationary,  
Government Printing Press,  
Panaji, Goa

----- with a request to publish the same in the Official Gazette. Five copies of the said Gazette may be send to this Department for records.

Copy to:-

1. The Director of Accounts, Panaji-Goa.
2. The Jt. Director of Accounts, South Branch, Margao-Goa.
3. The Sr. Dy. Accountant General (Audit), Audit Bhavan, Green Valley, Porvorim Goa
4. The Dy. Director (Plan) AH& VS, Head Office, Panaji- Goa.
5. The Dy. Director (SLBP) AH& VS, Head Office, Panaji- Goa.
6. The Assistant Accounts Officer, Head Office, Panaji- Goa.
7. Office Copy.
8. Guard File.

