

GOVERNMENT OF GOA,
DEPARTMENT OF ANIMAL HUSBANDRY & VETERINARY SERVICES,
PASHUSAMVARDHAN BHAVAN, PATTO, PANAJI – GOA.

Form No.I
PASHUPALAN SCHEME
Registration Form

Cross Breeding of Non Descript Cows/Non Descript Buffalo

- 1) Name of the Beneficiary: _____
- 2) Address: _____
- 3) Category: S.C./ S.T./ Dhangar/Other: _____
(Enclose caste Certificate if applicable)
- 4) Constituency: _____
- 5) Contact No.: _____
- 6) Description of Cow/buffalo: a) Colour:
b) Tail Swith:
c) Horns:
d) Identification marks:
- 7) Reg. No.: _____
- 8) Date of A.I: _____
- 9) Microchip No. _____
- 10) 1st A.I / 2nd A.I or Repeat A.I: _____

Certified that the A.I has been performed & recorded in the A.I. register maintained in this Office.

Signature of Extension Officer
Officer

Signature of Assistant Director/ Veterinary

Date:

Date:

--

UNDERTAKING – L(C/B)

I _____, R/O _____ undertake to stall-feed the Non Descript Cow/Non Descript buffalo bearing registration No. _____, during the stage of pregnancy. I am aware that I shall not be entitled for incentives if I do not maintain the animal tied as per the guidelines of the scheme.

Name of the Bank & Branch _____

Saving Account No. _____ MICR No: _____

IFSC No. _____ ECS No. _____

Date:

Signature of Beneficiary

Signed in presence of Assistant Director/Veterinary Officer

Signature Assistant
Director/Veterinary Officer

GOVERNMENT OF GOA,
DEPARTMENT OF ANIMAL HUSBANDRY & VETERINARY SERVICES,
PASHUSAMVARDHAN BHAVAN, PATTO, PANAJI – GOA.

Form No.II

PASHUPALAN SCHEME

Intimation of Pregnancy

(To be filled in by Local AD / VO)

- 1) Name of beneficiary: _____
- 2) Address: _____
- 3) Category: S.C./ S.T./ Dhanger/Other: _____
- 4) Contact No.: - _____
- 5) Description of Cow/buffalo: a) Colour:
 - i. b) Tail Swith:
 - ii. c) Horns:
 - iii. d) Identification marks:
- 6) (a) Reg. No.: _____
(b)Microchip No. _____
- 7) Date of A.I: _____
- 8) Date of confirmation of pregnancy: _____

Certified that the above information is correct and the said animal is recommended for incentives under the scheme

Date

Signature of Assistant Director/ Veterinary Officer

GOVERNMENT OF GOA,
DEPARTMENT OF ANIMAL HUSBANDRY & VETERINARY SERVICES,
PASHUSAMVARDHAN BHAVAN, PATTO, PANAJI – GOA.

Form No.III
PASHUPALAN SCHEME

Monthly progress report for Local Cows/Bufaloes

(A)

| Sr. No. | Registration No. Microchip No. | Name & Address of Beneficiary | Pregnancy status of animal (month) | Incentive Amount | Name of the Bank Account No. MICR No. IFSC Code: ECS No. |
|---------|-----------------------------------|-------------------------------|------------------------------------|------------------|--|
| | | | | | |

Certified that the above animals were examined for pregnancy, and are alive and pregnant as of today. The feed subsidy allowance may be released / as per the chart (A) above.

(B)

| Sr. No. | Registration No. Microchip No. | Name & Address of Beneficiary | Aborted /Died/Sold | Date | Remark |
|---------|-----------------------------------|-------------------------------|--------------------|------|--------|
| | | | | | |

Certified that the above animals as in Chart (B) is/ are not entitled to any further feed allowance under the scheme.

Date:

Signature of the A.D. / V.O of the area

GOVERNMENT OF GOA,
DEPARTMENT OF ANIMAL HUSBANDRY & VETERINARY SERVICES,
PASHUSAMVARDHAN BHAVAN, PATTO, PANAJI – GOA.

Form No. IV
PASHUPALAN SCHEME
Intimation of Birth of calf

(Cross bred/improved buffalo calf born from non descript cow/non descript Buffalo)
(To be filled in by Beneficiary)

I hereby intimate to the authorities about the birth of female calf to my Non Descript
Cow/ Non Descript Buffalo Reg. no. _____ which delivered on
_____.

My details are as follows:

1. Name _____
2. Address _____
3. Category: S.C./S.T./Dhangar/Others _____
(Enclose caste Certificate if applicable)
4. Constituency: _____
5. Contact no. _____
6. Date of A.I.
7. Name of the Bank & Branch: _____
8. Saving Account no. _____
9. IFSC Code: _____
10. MICR No: _____
11. ECS No.: _____

Kindly release the incentive as per the scheme.

Date:

Signature of Beneficiary

I have verified the birth of a female calf and recommend the release of incentive.

Date:

Signature of Assistant Director/ Veterinary Officer

GOVERNMENT OF GOA,
DEPARTMENT OF ANIMAL HUSBANDRY & VETERINARY SERVICES,
PASHUSAMVARDHAN BHAVAN, PATTO, PANAJI – GOA.

Form No. V
PASHUPALAN SCHEME
Registration of calf

- 1) Owner/ Name of Beneficiary: _____
- 2) Address: _____
- 3) Category : S.C./ S.T. / Dhangar/Others: _____
(Enclose caste Certificate if applicable)
- 4) Constituency: _____
- 5) Contact No.: _____
- 6) Description of Calf:(breed & colour) _____
- 7) (a) Reg.No. _____
(b) Microchip No. _____
- 8) Date of Birth _____
- 9) Weight at the time of Registration: _____
- 10) Date of A.I.: _____
- 11) Date of Registration: _____

Date: _____

Signature of Assistant Director/ Veterinary Officer

Undertaking

I _____, R/O _____ undertake to stall-feed the calf bearing registration No _____ & microchip No. _____. I am aware that I shall not be entitled for feed allowance subsidy if I do not keep the animal tied as per the guidelines of the scheme.

Name of the Bank & Branch _____

Saving Account No. _____ MICR No: _____

IFSC No. _____ ECS No. _____

Date: _____

Name & Signature of Beneficiary

Signed in presence of Assistant Director/Veterinary Officer

Signature Assistant
Director/Veterinary Officer

Forms Changed as per instruction

GOVERNMENT OF GOA,
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Form No.I
PASHUPALAN SCHEME
Registration Form

Cross Breeding of Non Descript Cows/Non Descript Buffalo

- 1) Name of the Beneficiary: _____
- 2) Address: _____
- 3) Category: S.C./ S.T./ Dhangar/Other: _____
(Enclose caste Certificate if applicable)
- 4) Constituency: _____
- 5) Contact No.: _____
- 6) Description of Cow/buffalo: a) Colour:
b) Tail Swith:
c) Horns:
d) Identification marks:
- 7) Reg. No.: _____
- 8) Date of A.I: _____
- 9) Microchip No. _____
- 10) 1st A.I / 2nd A.I or Repeat A.I: _____

Certified that the A.I has been performed & recorded in the A.I. register maintained in this Office.

Signature of Veterinary Assistant
With date

Signature of Extension Officer
with date

Signature of Assistant Director/ Veterinary Officer

Date:

UNDERTAKING – L(C/B)

I _____, R/O _____ undertake to stall-feed the Non Descript Cow/Non Descript buffalo bearing registration No _____, during the stage of pregnancy. I am aware that I shall not be entitled for incentives if I do not maintain the animal tied as per the guidelines of the scheme.

Name of the Bank & Branch _____

Saving Account No. _____ MICR No: _____

IFSC No. _____ ECS No. _____

Date:

Signature of Beneficiary

Signed in presence of Assistant Director/Veterinary Officer

Signature Assistant
Director/Veterinary Officer

GOVERNMENT OF GOA,
DEPARTMENT OF ANIMAL HUSBANDRY & VETERINARY SERVICES,
PASHUSAMVARDHAN BHAVAN, PATTO, PANAJI – GOA.

Form No.II

PASHUPALAN SCHEME

Intimation of Pregnancy

(To be filled in by Local AD / VO)

9) Name of beneficiary: _____

10) Address: _____

11) Category: S.C./ S.T./ Dhanger/Other: _____

12) Contact No.: - _____

13) Description of Cow/buffalo: a) Colour:

i. b) Tail Swith:

ii. c) Horns:

iii. d) Identification marks:

14) (a) Reg. No.: _____

(b) Microchip No. _____

15) Date of A.I: _____

16) Date of confirmation of pregnancy: _____

Certified that the above information is correct and the said animal is recommended for incentives under the scheme

Date

Signature of Assistant Director/ Veterinary Officer

GOVERNMENT OF GOA,
DEPARTMENT OF ANIMAL HUSBANDRY & VETERINARY SERVICES,
PASHUSAMVARDHAN BHAVAN, PATTO, PANAJI – GOA.

Form No.III
PASHUPALAN SCHEME

Monthly progress report for Local Cows/Bufaloes

(A)

| Sr. No. | Registration No. Microchip No. | Name & Address of Beneficiary | Pregnancy status of animal (month) | Incentive Amount | Name of the Bank Account No. MICR No. IFSC Code: ECS No. |
|---------|-----------------------------------|-------------------------------|------------------------------------|------------------|--|
| | | | | | |

Certified that the above animals were examined for pregnancy, and are alive and pregnant as of today. The feed subsidy allowance may be released / as per the chart (A) above.

(B)

| Sr. No. | Registration No. Microchip No. | Name & Address of Beneficiary | Aborted /Died/Sold | Date | Remark |
|---------|-----------------------------------|-------------------------------|--------------------|------|--------|
| | | | | | |

Certified that the above animals as in Chart (B) is/ are not entitled to any further feed allowance under the scheme.

Date:

Signature of the A.D. / V.O of the area

GOVERNMENT OF GOA,
DEPARTMENT OF ANIMAL HUSBANDRY & VETERINARY SERVICES,
PASHUSAMVARDHAN BHAVAN, PATTO, PANAJI – GOA.

Form No. IV
PASHUPALAN SCHEME
Intimation of Birth of calf

(Cross bred/improved buffalo calf born from non descript cow/non descript Buffalo)
(To be filled in by Beneficiary)

I hereby intimate to the authorities about the birth of female calf to my Non Descript Cow/ Non Descript Buffalo Reg. no. _____ which delivered on _____.

My details are as follows:

1. Name _____
2. Address _____
3. Category: S.C./S.T./Dhangar/Others _____
(Enclose caste Certificate if applicable)
4. Constituency: _____
5. Contact no. _____
6. Date of A.I.
7. Name of the Bank & Branch: _____
8. Saving Account no. _____
9. IFSC Code: _____
10. MICR No: _____
11. ECS No.: _____

Kindly release the incentive as per the scheme.

Date:

Signature of Beneficiary

Signature of Veterinary Assistant
With date

Signature of Extension Officer
with date

I have verified the birth of a female calf and recommend the release of incentive.

Date:

Signature of Assistant Director/ Veterinary Officer

GOVERNMENT OF GOA,
DEPARTMENT OF ANIMAL HUSBANDRY & VETERINARY SERVICES,
PASHUSAMVARDHAN BHAVAN, PATTO, PANAJI – GOA.

Form No. V
PASHUPALAN SCHEME
Registration of calf

8) Owner/ Name of Beneficiary: _____

9) Address: _____

10) Category : S.C./ S.T. / Dhangar/Others: _____
(Enclose caste Certificate if applicable)

11) Constituency: _____

12) Contact No.: _____

13) Description of Calf:(breed & colour) _____

14) (a) Reg.No. _____

(b) Microchip No. _____

8) Date of Birth _____

9) Weight at the time of Registration: _____

10) Date of A.I.: _____

11) Date of Registration: _____

Signature of Veterinary Assistant
With date

Signature of Extension Officer
with date

Signature of Assistant Director/ Veterinary Officer

Date:-

Undertaking

I _____, R/O _____ undertake to stall-feed the calf bearing registration No _____ & microchip No. _____. I am aware that I shall not be entitled for feed allowance subsidy if I do not keep the animal tied as per the guidelines of the scheme.

Name of the Bank & Branch _____

Saving Account No. _____ MICR No: _____

IFSC No. _____ ECS No. _____

Date:

Name & Signature of Beneficiary

Signed in presence of Assistant Director/Veterinary Officer

Signature Assistant Director/Veterinary Officer

Annexure “A”

CERTIFICATE

This is to certify that I have examined on this day _____ of _____
20_____ a Female Cross-bred / Improved buffalo / Sahiwal /Gir /Red Sindhi
calf belonging to
Shri/Smt.....R/o.....
.....registered under Regd. No..... and bearing Microchip
No.....sanctioned as per the Head Office Order
No.....dated.....under “Pashupalan Scheme”
of the Directorate of Animal Husbandry & Veterinary Services.

The said female Crossbred / Improved buffalo / Sahiwal /Gir /Red Sindhi
calf has attained a body weight of.....Kgs for the quarter ending months
as per the approved pattern of the Pashupalan Scheme.

The eligible subsidy of Rs. (Rupees
.....only) may be released to the beneficiary.

His/Her Bank details are:

- | | |
|----------------------|-----------------|
| 1. Name of the Bank: | 2. Branch: |
| 3. Account Number: | 4. MICR Number: |
| 5. IFSC code: | 6. ECS code: |

It is further certified that, I have personally verified the said records
and shall be fully responsible in case of misrepresentation of facts or
concealing any information or in case any information is found to be false.

Signature of Vet. Asst.

Date:

Signature of the Ext. Officer (AH)

Date:

Signature of Assistant Director/Veterinary Officer
with Office Stamp