

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

**“Dairy Equipment Scheme” (Amended)**

Photograph of  
the applicant

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

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

- 10) Daily milk production (In Litres): ..... Cow milk:.....Buff..milk
- 11) Quantity of milk daily sold to Dairy Co-op. Society (Litres):.....
- 12) Name of the Dairy Co-op. Society & Membership No.:.....
- 13) Type of Cattle Shed (Pucca /Kaccha) and its capacity .....
- 14) Items applied for .....  
.....

- 15) List of the equipments on which subsidy is availed earlier under any departmental scheme
- 16) a) Aadhaar card No.  
b) E. C. S. Payment Code No.
- 17) Annexure to be attached;
  - a) 5 years Residence Certificate (residence) from Mamlatdar/ Sarpanch / or from Chairman of Dairy Society, countersigned by concerned Asst. Director/ Veterinary Officer.
  - b) Certified copy of Ration Card. or Election card or any other proof of identity and address issued by Government of Goa, India including Nationalized Bank.
  - c) Agreement signed and complete in all respects.
  - d) 2 Passport size photograph of the applicant.
  - e) Quotations of the items to be purchased.

I hereby certify that I have read the entire scheme containing its rules, regulations and guidelines and do hereby agree to abide by them and to any changes, which the Government may like to make from time to time. I further certify that all information given by me is true to the best of my knowledge and belief and also agree that in case it is found to be false, that I shall be liable for any action as Government may find it fit and appropriate to impose upon me.

Date: \_\_\_\_\_ Signature of the Applicant  
 \_\_\_\_\_  
 Full Name  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_

**FOR OFFICE USE ONLY**

Remarks of Area Veterinary Officer /Asst. Director .....  
 .....  
 .....

ECS Payment Code No: .....

Date : \_\_\_\_\_ Signature of Veterinary Officer/  
 Assistant Director  
 \_\_\_\_\_  
 Official Seal