

## **ESTABLISHMENT OF BACKYARD POULTRY UNIT**

### **(SPECIAL COMPONENT PLAN SCHEME FOR SCHEDULED CASTE AND SCHEDULED TRIBE)**

#### **Objective : -**

This Scheme aims at increasing poultry production in small units through the masses of socially and economically backward tribes, primitive tribes or other sections as sizable population of them live in the remote areas. This population have not been benefited much from the poultry development programme. This section of the society are not in position both financially and mentally to undertake the incentive type of poultry keeping.

#### **Eligibility : -**

1. SC & ST families.
2. Only one application per family.

#### **Pattern of assistance : -**

Under this Scheme a Scheduled Caste or Scheduled Tribe beneficiary is supplied a backyard poultry unit worth ` . 2000/- free of cost.

#### **Procedure : -**

- No fee will be charged.
- Application form should be accompanied with caste/tribe certificate.
- Unit will be supplied to the beneficiary.

**GOVERNMENT OF GOA**  
**DIRECTORATE OF ANIMAL HUSBANDRY & VETERINARY SERVICES**  
**PASHUSAMVARDHAN BHAVAN, PATTO, PANAJI – GOA**

**APPLICATION FORM FOR BACK-YARD POULTRY UNITS UNDER**  
**SPECIAL COMPONENT PLAN SCHEME**

1) Full Name of the Applicant.....  
(In block letters) Surname First Name  
Father's/Husband's Name

2) Permanent Address a) House No .....  
b) Village/ Ward .....  
c) Taluka .....  
d) District .....

3) Educational Qualification .....

4) Employed/Unemployed .....

5) Age .....

6) Caste .....

7) Number breed of existing poultry birds with the applicant, if any  
.....

8) Annexure to be attached

a) Caste Certificate

9) I hereby certify that if information furnished by me in the application form is true to the best of my knowledge & belief & also agree that in case it is found false I shall be liable for any action as Government may find it fit and appropriate to impose upon me.

Dated:  
Applicant

Signature of  
  
(Name)

**FOR OFFICE ONLY**

Recommendation from.....

Area Veterinary Officer/Assistant Director.....

Dated:-

Signature Designation  
OFFICE SEAL

