

Annexure II

(Format for report of Veterinary Surgeon for Verification of breed)

| No | Date |
|------|------|
| From | |

Veterinary Surgeon Government Veterinary Hospital..... District.....

| Sub Divisional Officer (AH) | | |
|--|--|--|
| Animal Husbandry & Dairying Department | | |
| Sub Division | | |
| District | | |

Subject- Verification of breed of cow for participation in Milk recording under the Scheme conservation and development of indigenous cattle (Gausamvardhan)

Memo

То

In reference to your letter No..... dated on the subject cited above it is to intimate that I inspected cows of following applicants on who have applied online for participation of their cows in Milk Recording.

| Sr. No. | Name and Addresses of Applicants | Breed of Cow | Tag No. of Cow, if already tagged. | Whether eligible for Milk Recording? |
|------------|----------------------------------|-----------------|---|---|
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Veterinary Surgeon Government Veterinary Hospital District.....