

394. Application Form For Establishment of Backyard Poultry Unit of 50 Birds

Annexure I

Animal Husbandry and Dairying Department, Haryana

Name of Area Govt. Vety. Hospital

Sub-Division.....

District.....

| | | |
|-----|--|--------------------------------|
| 1. | Name of the Applicant | |
| 2. | Age | |
| 3. | Mobile No. | |
| 4. | Name of Father/ Husband | |
| 5. | Address of Applicant | |
| 6. | Aadhar Number (enclose photocopy) | |
| 7. | Parivar Pehchaan Patra (PPP) ID | |
| 8. | Educational Qualifications | |
| 9. | Whether the applicant is scheduled caste (Yes/ No). (If yes, enclose photocopy) | |
| 10. | Whether the applicant belongs to BPL family. If yes; proof their of | BPL List No.....Year..... |
| 11. | Detail of Agriculture Culture Land in the name applicant, if any enclose verification from Patwari | Acre..... Kanal.....Marla..... |
| 12. | Any experience of keeping backyard poultry. | |

Date.....

Signature of Applicant

Declaration by applicant

I,S/o, W/o.....resident ofdeclare that the details provided by me are true and I shall be responsible for submitting any wrong information.

Date.....

Signature/ Thumb impression of Applicant

Verified

(Village Sarpanch/ Panch/ Representative of Local Body)

Recommendation of Veterinary Surgeon and Sub Divisional Officer

Veterinary Surgeon

Sub Divisional Officer

GVH.....

Sub Division.....

Approval by Deputy Director

District.....

Deputy Director