

Animal Husbandry and Dairying Department, Haryana

Application form for Scheme for the establishment of Backyard Poultry units

Area Govt. Vety. Hospital

Village/City

Sub-Division.....

District

1.	Name of Applicant	
2.	Age	
3.	Name of Father/Husband	
4.	Address of Applicant	
5.	Aadhar Card Number (enclose photocopy)	
7.	Educational Qualification	
9.	Whether the applicant is Scheduled Caste (Yes/No) (if yes, enclose photocopy)	
10.	Whether the applicant belongs to BPL family if yes; proof thereof.	BPL list No. Year
12.	Details of agriculture land in the name of applicant (enclose verification from Patwari)	Acre Kanal..... Marla.....
19.	Any other information if not given above	

Date.....

Signature of Applicant

Declaration by applicant

I,S/o / W/oresident of
 declare that the details provided by me are true and I shall be responsible for any wrong information given by me.

Date.....

Signature of Applicant

Verified

(Village Sarpanch/Panch/Representative of local body)

Recommendation of Veterinary Surgeon and Sub Divisional Officer

It is to certify that Sh./Smt. S/o / W/o Sh. is a permanent resident of village/city..... whose application is being recommended under the Scheme for the establishment of Backyard Poultry units.

Veterinary Surgeon
 GVH

Sub Divisional Officer
 Sub Division

Approval by Deputy Director

The application of Sh./Smt. S/o / W/o Sh./Smt. is approved under the Scheme for the establishment of Backyard Poultry units.

Deputy Director
 District