

Self Declaration by Applicant

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APPLICANT

I,..... S/o, D/o, W/o resident of
..... solemnly declare as under-

1. that I am a permanent resident of the State of Haryana.
2. that my age is years (copy of proof enclosed).
3. that I am unemployed and neither employed in public sector nor in private sector.
4. that I have never availed any financial assistance for establishment of any type of livestock unit under any Scheme being implemented by Animal Husbandry and Dairying Department, Haryana.
5. that I belong to below Poverty Line family*
6. that I am a widow*
7. that I am an Ex-Serviceman*
8. that no member of my family is in Govt./Semi Govt. Job*
9. that I belong to landless family*
10. that I belong to landless family having land holding less than 2.5 acres*
11. that I am already rearing livestock but the unit as per scheme is not complete*
12. that I shall abide by all the directions of Animal Husbandry and Dairying Department, Haryana regarding livestock insurance, breeding, managerial practices etc.
13. that I have applied for establishment Sheep Unit*/ Goat Unit* (strike out which are not applicable) under the Scheme for providing employment opportunities by establishing Sheep and Goat units being implemented by Animal Husbandry and Dairying Department, Haryana. -

Sr. No.	Component	Value in Rs.
1.	Details of available livestock	
2.	Cash	
2.	Shed (applicable only for Sheep and Goat Unit)	
3.	Self/ Family labour for construction/ repair of shed (applicable only for Sheep and Goat Unit)	

14. that I shall abide by all the terms and conditions as required under Mukhya Mantri Bhed/Bakri (Sheep/Goat) Palak Uthan Yojna being implemented by Animal Husbandry and Dairying Haryana after completion of one year from the purchase of sheep/Goat unit . I will return healthy stock of 10 female and one male to the department free of cost as per the scheme. In case of death of animals, I shall intimate to the concerned Veterinary Surgeon and assist him to carry out post-mortem and other formalities for insurance and not claim any form of financial assistance from the insurance company.
15. that if at any stage it is noticed by the Department that I have violated any terms and conditions of the Scheme or have provided wrong information I shall be liable to return all the financial assistance provided to me by the Department and shall stand debarred from any financial assistance under any other Scheme being implemented by the Department in future.

*Strike out which is not applicable

Date-

Signature of Applicant
Name and Address of Applicant

(Intimation Format for members of Selection cum Distribution Committee to distribute Sheep & Goat units under Mukhya Mantri Bhed/Bakri (Sheep/Goat) Palak Uthan Yojna)

No.
From

Date

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

District

To

(Names and Addresses of Selection-cum-Distribution Committee Members)

- i.
- ii.
- iii.

Subject- Distribution of Sheep and Goat units

Memo:

In reference to the subject cited above, it is to intimate that the distribution of **Sheep & Goat units** has been scheduled on.....(date).....(time) at.....through Selection-cum-Distribution Committee. The applicants under the Scheme are as under-

(Name and addresses of applicants)

- 1.
- 2.

You, being a member of Selection-cum-Distribution Committee are hereby requested to kindly participate in Distribution process of units at designated date and time.

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

Endst. No.

Date

A copy is forwarded to Deputy DirectorAH&D for necessary information.

Sub Divisional Officer
Animal Husbandry & Dairying Department/
Sub Division

Endst. No.

Date

A copy is forwarded to(Name and Address of applicant)..... for information.

Sub Divisional Officer
Animal Husbandry & Dairying Department/
Sub Division

**ANIMAL HUSBANDRY & DAIRYING DEPARTMENT, HARYANA
HEALTH CERTIFICATE**

No. _____

Type of Livestock Unit _____

Certified that I have examined the following animal(s) and found free from contagious disease and good in condition:-

1. Name of the beneficiary with _____
Parentage & full address _____
2. Type of animal _____
3. Breed _____
4. Age _____
5. Colour _____
6. No. of Lactation _____
7. Age & Sex of Calf at foot _____
8. Identification Mark _____
9. Brand _____
10. Insurance Tag No. _____
11. Cost of Animal _____
12. Milk Yield _____

Veterinary Surgeon
(Name & Stamp)

RECEIPT

Certified that Shri.....son of Shri.....
Village.....Block.....District.....
received (Sheep/Goat unit).....for from Selection-cum-Distribution
committee of the animal husbandry and dairying department under "**Mukhya Mantri
Bhed/Bakri (Sheep/Goat) Palak Uthan Yojna**".

Signature of Beneficiary

Witness (Representative of village Panchayat):-

Selection-cum-Distribution Committee

Vety. Surgeon

SDO (AH&D)

BLEO

Ins. Co. Representative