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Poultry Farm for Rs. (Rupees ) only.  1. Name of the Applicant (in block letter) 2. Son/Daughter/Wife of 3. Telephone/ Mobile No. 4. Permanent Address (Photo copy of proof)  5. Ration Card No. 6. Educational Qualification (Photo copy of proof)  7. Nationality 8. AADHAAR Card No. (Photo copy of proof)  9. Description with measurement of land/Dalil/Parcha  10. Name of the nearest Bank with Branch under which jurisdiction the applicant resides/interested to take the loan.  11. Bank Pass Book & Account No(Photo copy of proof)  12. Whether any bank loan due, if yes name the bank with branch.  13. Measurement of land for fodder cultivation (Photo copy of Dalil/Parcha) in case of Dairy/Piggery Farm  14. Is marketing facility available (name of MPCS/Local Sale & Rate/Liter)  15. Whether able to provide any margin money (10% of project cost)?	Anim	al Resources Development Deptt.		Affix photo
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Signature of the Deptt. Field visiting authority.

Signature of the applicant with date.

#### Application form to avail Skill Development Training Course for Broiler/Pig Farming.

To, The Director of ARDD, Government of Tripura, P.N.Complex, Agartala, Tripura (W).

Sub:- Prayer for availing Skill Development Training Course for Broiler/Pig Farming.

1.	Name of the Candidate	
2.	Name of father/mother/husband	
3.	Permanent Address (Photo copy of proof)	
4.	Present Address	
5.	Telephone/ Mobile No.	
6.	Nationality	
7.	Date of Birth.	programme to the next text
8.	Present Age	
9.	Educational Qualification (Photo copy of proof)	
10.	Whether ST/SC ? (Photo copy of proof)	
11.	AADHAAR Card No. (Photo copy of proof)	
12.	Bank Pass Book No. (Photo copy of proof)	d .
13.	Whether BPL or not? (Photo copy of proof)	

Signature of the Deptt. Field visiting authority.

Signature of the applicant with date.

# GOVERNMENT OF TRIPURA DIRECTORATE OF ANIMAL RESOURCES DEVELOPMENT DEPARTMENT PANDIT NEHERU COMPLEX, AGARTALA.

## (FORM FOR APPLICATION FOR INCLUSION IN THE "REARING OF CROSS-BREED CALVES ON HIGHER PLANE OF NUTRITION THROUGH PROVISION OF CONCENTRATE RATION AT SUBSIDIZED RATES)

(For use in Vety. Hospital/ Vety. Dispensary/ A.I. Center/ Vety. Sub-Center)

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Signature of the Deptt. Field visiting authority.

Signature of the applicant with date.

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MPCS/Local Sale & Rate/Liter)  15. Whether able to provide any margin money (10% of project cost)?	13.	cultivation (Photo copy of Dalil/Parcha) in case of Dairy/Piggery Farm	
money (10% of project cost)?	14.		8
	15.		
	16.		

Signature of the Deptt. Field visiting authority.

Signature of the applicant with date.

#### Application form to avail Skill Development Training Course for Broiler/Pig Farming.

To, The Director of ARDD, Government of Tripura, P.N.Complex, Agartala, Tripura (W).

Sub:- Prayer for availing Skill Development Training Course for Broiler/Pig Farming.

1.	Name of the Candidate	
	Name of the Candidate	
2.	Name of father/mother/husband	
3.	Permanent Address (Photo copy of proof)	
4.	Present Address	
5.	Telephone/ Mobile No.	
6.	Nationality	
7.	Date of Birth.	and the theorem the same of the same
8.	Present Age	
9.	Educational Qualification (Photo copy of proof)	,
10.	Whether ST/SC ? (Photo copy of proof)	9
11.	AADHAAR Card No. (Photo copy of proof)	
12.	Bank Pass Book No. (Photo copy of proof)	
13.	Whether BPL or not? (Photo copy of proof)	

Signature of the Deptt. Field visiting authority.

Signature of the applicant with date.

# GOVERNMENT OF TRIPURA DIRECTORATE OF ANIMAL RESOURCES DEVELOPMENT DEPARTMENT PANDIT NEHERU COMPLEX, AGARTALA.

## (FORM FOR APPLICATION FOR INCLUSION IN THE "REARING OF CROSS-BREED CALVES ON HIGHER PLANE OF NUTRITION THROUGH PROVISION OF CONCENTRATE RATION AT SUBSIDIZED RATES)

(For use in Vety. Hospital/ Vety. Dispensary/ A.I. Center/ Vety. Sub-Center)

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	town the management defends as	bend's Name :-		2012 C 20	17 - 1880 May Sentent and Section 1
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. 7	No. & Date of	of A.I. with Bull & Dam	's No.	表现,100mm210mm210mm210mm210mm210mm210mm210m	
	and the second second				
8	Name of the	Institution where A.I.	done:-		
9	Date of Birth	of Calf:-	A SA		TO STATE OF THE PARTY OF THE PA
10	Description of	of the She Calf/Heifer	;		
. 11	Whether Mer	mber of MPCS, if yes	state the name of MPCS:-	and the second s	
			* 10°1,47°, 100°, 10°, 10°, 10°, 10°, 10°, 10°, 1		
	RIFICATION:-				Signature of the Beneficiar
-1	Land propert		Income, family members as sho		Signature of the Beneficiar
-1 2	Land propert Date of A.I.;-		Colou	r of Calf/Heifer:-	
-1 2	Land propert Date of A.I.:- The informat	ion furnished above b	The state of the s	r of Calf/Heifer:-	
-1 2	Land propert Date of A.I.:- The informat		Colou	r of Calf/Heifer:-	
-1 2	Land propert Date of A.I.:- The informat	ion furnished above b	Colou	r of Calf/Heifer:-	
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-1 2	Land propert Date of A.I.:- The informat	ion furnished above b may receive CGM.	Colou	r of Calf/Heifer:-	
-1 2	Land propert Date of A.I.:- The informat scheme and	ion furnished above be may receive CGM.	Colou by the applicant are true and enti	r of Calf/Heifer:- tled to come under the purview	of the
-1 2	Land propert Date of A.I.;- The informat scheme and	ion furnished above to may receive CGM.	Colou by the applicant are true and enti  Signature of the I/C.Vety.	r of Calf/Heifer:- tled to come under the purview	of the  Signature of the Sanctionin
-1 2	Land propert Date of A.I.;- The informat scheme and	ion furnished above be may receive CGM.	Colou by the applicant are true and enti	r of Calf/Heifer:- tled to come under the purview	of the  Signature of the Sanctionin