

MAHARASHTRA STATE VETERINARY COUNCIL, NAGPUR

FORM - 'F'. **(See Rule 13 (1))**

APPLICATION FORM FOR RENEWAL OF REGISTRATION.

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3 cm x 2.5
cm

To,
Registrar,
Maharashtra State Veterinary Council,
Near Udyog Bhawan, Civil Lines,
Nagpur - 440 001.

Sir,

I request you to renew my registration with Maharashtra State Veterinary Council as per Section 48 of Indian Veterinary Council Act, 1984 (52 of 1984) & Rule 13(1) Maharashtra State Veterinary Council Rules, 2002. Particulars are given below :

1. Full Name : _____
(In Capital letters) (Surname) (Name) (Father's/Husband's Name)

2. Father's/Husband's Name : _____
(If applicant is a (Surname) (Name) (Father's/Husband's Name)
married woman)

3. Nationality : _____

4. Professional/ Temporary : _____
address for correspondence, _____
Pin Code and Telephone No. _____

5. Full Permanent address : _____
Pin Code and Telephone No. _____

6. Employment status : 1. P. G. Student.
with details. 2. Self-employed/Private Employed.
3. Employed in Government or other
institution/Retired.
4. Unemployed./Retired.

7. Date of birth : _____
(Christian Era) (Date) (Month) (Year).

8. MVC/MSVC Registration No.: _____

9. I am surrendering herewith my old original Registration Certificate.

10. Details of fee: _____ Amount of Rupees.

(1) Registration fee:

(2) _____

(mention here any other fee)

Total: _____

Paid through Indian Postal Order No. _____ Dated _____

Or.

Bank draft of _____ (Bank) _____

_____ Branch),

Demand Draft No. _____

Dated _____

11. I have read the instructions overleaf and have enclosed _____ enclosures listed below:--

12. List of enclosures enclosed with the form.

i) Form – ‘F’.

ii) Form – ‘H’.

iii) Declaration.

iv) IPO/Demand Draft No. _____

Dated _____ for Rs. _____

v) Registration Certificate Original (with one xerox copy).

vi) Attested Xerox copy of Age proof.

vii) Master’s/Provisional Masters Degree/Ph.D. Degree Certificate Original
One attested Xerox copy).

Yours faithfully,

Place :

Signature : _____

Date:-

Name : _____

Address. : _____

Pin Code No. _____

OATH

Being admitted to the profession of veterinary medicine, I solemnly swear to use my scientific knowledge and skills for the benefit of society through the protection of animal health, the relief of animal suffering, the conservation of livestock resources, the promotion of public health and the advancement of knowledge in veterinary science.

I shall practice my profession conscientiously with dignity and in keeping with the principles of veterinary medical ethics.

I accept as a lifelong obligation, the continuous improvement of my professional knowledge and competence.

Place : _____

Signature : _____

Date : _____

Name : _____

Address : _____

Pin Code No. : _____

FORM- 'H'.

(See Rule 13 (2))

APPEAL FOR RESTORATION OF NAME IN THE STATE

VETERINARY REGISTER

To,

The Registrar,
Maharashtra State Veterinary Council,
Nagpur-440001.

Sir,

1. I, the undersigned

(Surname) (First Name) (Father's/Husband's Name.)

holding qualification of do solemnly
declare that the following are the facts of my case on which I seek restoration of
my name in the State Veterinary register.

2. My name was duly registered in the State Veterinary register of
..... having registration No.date
(Name of the State)

3. My name was duly registered in the Indian Veterinary Practitioners
register No. having registration No.

4. At an enquiry held on theday of by the
State Veterinary Council, my name was directed to be removed from the said
register and the offence of which the said State Council directed the removal my
name was

(Use separate sheets for details if necessary)

5. Since the removal of my name from the register, I have been residing at
..... and my occupation has been

6. It is my request that my name has been restored in the register of State.

7. The grounds for the present application are :

(i)

(ii)

(iii)

8. The prescribed fee of Rs.15/- (Rupees Fifteen only) has been deposited by Crossed Postal ** Order/Bank Draft No. dated payable to the Maharashtra State Veterinary Council, Nagpur alongwith service charge of Rs.

9. I request that orders may be passed for restoration of my name in the State Veterinary register of..... (State).

Signature

On.....

Declared at

Place : Name and Address of applicant.

Date :

before me on (date) ** Judicial/Executive Magistrate/
Commissioner of Oaths.....

(Instructions : All facts and the grounds on which the appeal is made should be clearly and concisely stated. Use separate sheets if necessary,

** Strike out which is not applicable.