

RAJASTHAN STATE VETERINARY COUNCIL

ENCLOSURE TO RENEWAL REGISTRATION FORM

NAME
(IN BLOCK LETTERS)

REGN. NO.

FATHER'S NAME
(IN BLOCK LETTERS)

PERMANENT ADDRESS

DATE OF BIRTH:

DEGREE	YEAR OF COMPLETION	UNIVERSITY	Remarks
1.			
2.			
3.			
4.			
5.			

PLACE OF EMPLOYMENT: (KINDLY TICK THE APPROPRIATE)

A • STATE GOVERNMENT (SPECIFY)
B • CENTRAL GOVERNMENT(SPECIFY)
C • RETIRED OFFICIALS
D • PRIVATE COMPANIES

E • INSURANCE COMPANY
F • BANKS (SPECIFY)
G • UNIVERSITY

**ADDRESS WITH
DESIGNATION:**

FOR OFFICE USE ONLY:

S.No.	Date	FOR REGISTRATION/RENEWAL/ ADDL. QUALIFICATIONS	AMOUNT PAID BY CASH M.O./D.D.	RECEIPT NUMBER &DATE	INITIALS OF REGISTRA R	REMARKS
1.						
2.						
3.						
4.						

**ADDRESS FOR COMMUNICATION AND CHANGE
OF ADDRESS IF SUBSEQUENTLY RECIEVED**