



New Delhi Municipal Council

PALIKA KENDRA: NEW DELHI-110001

DEPARTMENT OF HEALTH Application form for License for Animal Raring

Section-I

1. Citizen ID :
2. Citizen Name :
3. Citizen Address :

City : Pin Code :
4. Citizen Phone No :
5. Citizen Email ID :

Section-II

1. Name of applicant :
(in block letters)
2. Father's Name :
3. Caste :
4. Trade :
5. Situation of cow house or stable :
6. Whether floor is cemented or not : (Yes/No)
7. Height of the roof from the floor :
8. Whether satisfactory ventilation exists or not : (Yes/No)
9. Whether walls are cemented up to 3ft. or not : (Yes/No)
10. Whether drains and sewer connection exists or not : (Yes/No)
11. No. of cattle or animals for which license is applied:
12. Whether superficial floor are of 40sq.ft. (8'x5') exists or not : (Yes/No)
13. Period for which license is required :
M M / D D / Y Y Y Y
14. Previous license No :

14. Certified that the cattle for which I am applying for a license is my personal property .

Date :

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M M / D D / Y Y Y Y

Signature of the applicant

Remarks	Recommended	ISSUE / RENEW
S.I. area	C.S.I.	MEDICAL OFFICER OF HEALTH
Cashier		

Please receive a sum of Rs. _____ for cow house/stable license fee for the period _____.

License No:

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Date :

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M M / D D / Y Y Y Y

Sanitary Inspector

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