

**DAIRY DEVELOPMENT DEPARTMENT  
APPLICATION FORM – ASSISTANCE OF DCS – ASSISTANCE FOR  
TRANSPORTATION OF MILK TO NEAREST MILK ROUTE OF REGIONAL UNION**

**DISTRICT .....**      **DESU .....**      **DCS.....**

1. Name of DCS with Register No. and full postal address :
2. Date of registration of the society :
3. Date of starting the society :
4. Paid up share capital of the society as on date of application :
5. Last audited year and audit classification :
6. No. of members as on the date of application and share capital :
7. Whether the DCS is newly registered or revived recently :  
If yes, give details

8. Daily average quantity of milk (in litres) procured by the DCS :

9. No. of members, non-members pouring milk and daily average quantity of milk (in litres) procured in the DCS (average of last 6 months) :

MEM		NON MEM	
NO.	QTY (LPD)	NO.	QTY(LPD)

10. Details of the present mode of disposal of milk collected : Local sales -      lpd (av.), Milma Sales -      lpd (av.)

11. Present mode of transportation of milk by DCS to Unions :

12. Number of milk collection centre for the DCS (Give quantity of milk procured per day at main Centre and collection centers separately) :

13. Whether the assistance requested is intended for transporting milk to nearest milk route from DCS head office or sub centre of the DCS ( In case of sub centre, give details) :

14. Name of nearest milk route of regional union to which milk has to be transported :

15. Average distance of the DCS milk collection centre to the nearest milk route of regional union : ..... Kms

16. Details regarding proposed mode of transportation :

17. Whether, at present, the DCS is receiving financial assistance from reg. unions for the same purpose : Yes / No.

17.a If yes, give details of amount received :

18. Anticipated transportation cost per day : Rs ..... per day

19. Total amount of assistance requested for : Rs .....
20. Whether the DCS was funded for the same purpose in previous years by the department : Yes / No
- 20 a. If yes, name of scheme, amount received and financial year in which the assistance was received :
- 21 . Resolution No. and date of DCS committee approving recommending the request for assistance : Resolution No. ....dated ..... of B.O.D meeting
22. Whether detailed report is attached along with this application : Yes / No.
23. Name and full address of the President of the society :
24. Name and full address of the Secretary of the society : (Please indicate whether the secretary is a paid secretary or honorary secretary)
25. Name and full address of the two committee members : 01. signing the application.

02.

### DECLARATION

We, Sri/Smt..... President ,Sri/Smt..... Secretary, Sri/Smt.....and Sri/Smt..... Committee members of the .....(society) Ltd No..... do hereby declare that the information furnished above are true and correct to the best of our knowledge and belief.

**Signature**

Sri./Smt.....(President)

Sri./Smt.....(Secretary)

Sri./Smt.....(Committee member)

Sri./Smt.....(Committee member)

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### FOR OFFICE USE ONLY

The application has been scrutinized by me with reference to the relevant records and accounts of the society and information furnished in the application have been found correct. I have also signed the true copies of the resolutions of the society accompanying this application in token of their correctness. Society is eligible for transportation assistance not exceeding to **Rs ..... (Rupees .....only)**

**Station :**

**Office Seal**

**Signature of the Dairy Extension Officer**

**Date :**

### SANCTION ORDER FROM DEPUTY DIRECTOR

The application submitted by the society with proper recommendations from the concerned Dairy Extension Officer has been verified. Sanction is hereby accorded for releasing transportation assistance of Rs ..... (Rupees .....only)

**Station :**

**Office Seal**

**Deputy Director**

**Date :**