DAIRY DEVELOPMENT DEPARTMENT APPLICATION FORM – ASSISTANCE OF DCS ASSISTANCE FOR MEETING FSSA REQUIREMENTS

DISTRICT	DESU			DC	S		
Name of DCS with Register No. a full postal address		:					
2. Date of registration of the society		:					
3. Date of starting the society		:					
Paid up share capital of the societ date of appl		:					
5. Last audited year and audit classifi	cation	:					
No. of members as on the date of a and share capital	application	:					
 Whether the DCS is newly registe If yes, give details 	red or revived recently	:					
8. Daily average quantity of milk (in I	itres) procured by the DCS	:					
No. of members, non-members pour daily average quantity of milk (in litr DCS (average of last 6 months)		:		MEM	N	ON MEM	
			NO.	QTY (LPD)	NO.	QTY(LPD)	
Details of the present mode of dis of milk collected	posal	: Loca	l sales	- lpd (av	 .), Milm	l na Sales -	lpd (av.)
11. Whether the DCS is having milk of	collection sub centres	:	Yes/I	No.			
11 a. If yes, give no. and name of sub	centres	:					
12. Whether the DCS is functioning in building	own building or rented	l : Own l	ouilding	/ Rented build	ing		
13. Whether the DCS is having AMCL	. Whether the DCS is having AMCU or not		Yes / No.				
14. Whether the DCS is having BMCC		:	Yes/I		1.20		
14 a. If yes, capacity of BMCC and no	to BMCC	:					
15. Details of permanent staff / contra employed in the DCS	ct staff / daily wages	:	IVIIIK Tr	om	no.	of DCS	
16. Short description regarding the av facility in the DCS including milk to .		:					
17. Details of training received so far i		:					

18. Components for which assistance is reques	sted :	
19. Total assistance requested	:	Rs
20. Details of assistance received from departm previous years for meeting FSSA norms	nent in :	
21 . Resolution No. and date of DCS committee recommending the request for assistance		Resolution Nodated of B.O.D meeting
 Whether detailed project report is attached a application 	along with this:	Yes / No.
23. Name and full address of the President of the	ne society :	
24. Name and full address of the Secretary of the (Please indicate whether the secretary is a property or honorary)	oaid secretary	
Name and full address of the two committee signing the application.	members : 01.	
	02.	
	DECLARAT	<u>ION</u>
	a ea	ent ,Sri/Smt(society) rmation furnished above are true and correct to the
•		Signature
Sri./Smt(Pr	,	
Sri./Smt(So	ecretary)	
Sri./Smt(Ce	ommittee member)	
Sri./Smt(C	ommittee member)	
<u>F</u>	OR OFFICE USE (<u>DNLY</u>
accounts of the society and information furnished copies of the resolutions of the society accompa	d in the application I inying this applicatio an amount not	ized by me with reference to the relevant records and have been found correct. I have also signed the true in in token of their correctness. Society is eligible for exceeding to Rs
Station: Off	fice Seal	Signature of the Dairy Extension Officer
	RDER FROM DE	PUTY DIRECTOR
The application submitted by the society with propbeen verified. Sanction for Rsis hereby accorded for providing assistance to	(Rupees	only)
Station: Of	fice Seal	Deputy Director

Date :