DAIRY DEVELOPMENT DEPARTMENT APPLICATION FORM – STRENGTHENING QC LABS – 201.... - NEED BASED ASSISTANCE TO DCS FOR IMPROVED QC ACTIVITIES /

SETTING UP OF ADVANCED LABS FOR DCS

D	ST	RICT	DESU			C	DCS		
	1.	Name of DCS with Register No. ar full postal address		:					
	2.	Date of registration of the society		:					
	3.	Date of starting the society		:					
	4.	Paid up share capital of the society date of appli		:					
	5.	Last audited year and audit classific	ation	:					
	6.	No. of members as on the date of a and share capital	pplication	:					
	7.	Whether the DCS is newly register If yes, give details	ed or revived recently	:					
	8.	Daily average quantity of milk (in li	tres) procured by the DCS	:					
	9.	No. of members, non-members pouring milk and daily average quantity of milk (in litres) procured in t DCS (average of last 6 months)		:		МЕМ	N	ON MEM	1
			res) procured in the		NO.	QTY (LP	D) NO.	QTY(LPD)	
	10.	Details of the present mode of disp of milk collected	oosal	: Loca	I sales	- lpd	(av.), Milm	na Sales -	lpd (av.)
	11.	Whether the DCS is having milk co	ollection sub centres	:	Yes / I	No.			
	11	a. If yes, give no. and name of sub	centres	:					
12. Whether the DCS is functioning in own building or rented : Own building / Rented building building									
	13.	3. Whether the DCS is having AMCU or not		:	Yes / No.				
	14.	4. Whether the DCS is having BMCC		:	Yes / No.				
	14 a. If yes, capacity of BMCC and no. of DCS pouring milk		:			Litre	capacity		
			to BMCC		Milk fr	om	no.	of DCS	
	15.	Details of permanent staff / contrac employed in the DCS	t staff / daily wages	:					
	16.	Short description regarding the ava facility in the DCS related to QC ac		:					
	17.	Component / Components for whit	ch assistance	:					

18. Total assistance requested	:	Rs				
19. Details of previous assistance received from departmen for improving the Quality Control aspects of DCS		əs)				
20 . Resolution No. and date of DCS committee recommending the request for assistance	:	Resolution Nodateddated				
21. Whether detailed project report is attached along with thi application	s:	Yes / No.				
22. Name and full address of the President of the society	:					
23. Name and full address of the Secretary of the society (Please indicate whether the secretary is a paid secretary or honorary secretary)	: ry					
24. Name and full address of the two committee members signing the application.	:01.					
	02.					
DECLARATION						

We. Sri/Smt	President ,Sri/Smt
	and Sri/Smt
	pers 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.	

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

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

FOR OFFICE USE ONLY

Station : Date :

Signature of the Dairy Extension Officer

SANCTION ORDER FROM DEPUTY DIRECTOR

Station	:
Date	:

Office Seal

Deputy Director

Signature