

APPLICATION FORM

TRANSFER OF REGISTRATION FROM ONE STATE VETERINARY REGISTER TO ANOTHER STATE VETERINARY REGISTER

(Under IVC Act 1984, Rule 55)

INSTRUCTIONS

1.	www.vci.dadf.gov.in The Application Form is available on www.vci.dadf.gov.in
2.	Application should be submitted in TRIPLICATE. To the first named State Veterinary Council (SVC)
3.	Part 1 and Part 2: To be filled by the applicant Part 3: For issue of NOC by the first named SVC Part 4: Recommendation/ Orders of the VCI, New Delhi Part 5: Re-registration and allotment of number by Second named SVC
4.	Upon Verification of Documents and issue of NOC (Part -III) the first Demand Draft (DD) named SVC will forward two set applications along with copies documents & Demand Draft (DD) to VCI. The VCI may consider for transfer of registration and with its Orders (Part-IV) forward one set of application along with Original D.D and documents to Second named State Veterinary Council.
5.	The D.D. will be accounted in the office of second named SVC

Note: First named SVC is the place wherein the registration exists and Second named SVC is the place wherein transfer is opted.

Sir,

Sub: Submission of Application for transfer of registration No _____

Date _____

Presently my name is registered in _____ (name of state)
State Veterinary Register and I would like to opt for transfer of my registration to
_____ (name of state) State Veterinary Register. I have furnished
the particulars in Part 1 and 2 of the Application form which are true and correct. My name is not
registered in any other State Veterinary Register.

Thanking You

Yours faithfully

Name of the Applicant: _____

Signature : _____

Place : _____

Date : _____

PART I

Details of Applicant

SL. No	Particulars	
1.	Photograph of the Applicant	
2.	Name of the Applicant (in Capital Letter)	
3.	Father's Name/ Husband Name	
4.	Date of Birth	
5.	Gender	
6.	Details of recognized Veterinary Qualification: (i) Degree Nomenclature (ii) Name of College (iii) Name of Institution awarded Recognized veterinary qualification	
7.	Full Correspondence /Residential Address	
8.	Mobile Number and Email-Id of applicant	

PART 2

Details of Registration and Transfer applied		
9.	Name of the State Veterinary Council wherein, candidate is presently registered	
10.	State Veterinary Council Registration Number	
11.	Validity of Registration (dd/mm/yyyy)	
12.	Name of the State Veterinary Council wherein, the transfer of registration is applied	
13.	Payment details of transfer Fee of Rs 15/- 1. DD No. 2. Drawn in the Name of 3. Date 4. Amount 5. Name of issuing Bank and Branch	
14.	Reason for seeking transfer of registration	
15.	List of document enclosed (a) DD in original (b) Date of Birth (Aadhar/ Passport /DL/ SSLC) (c) Degree Certificate (BVSCAH/MVSc/ PhD/Other) (d) Copy of the State Veterinary Council Registration Certificate • Strike out which is not applicable	Yes/ No Yes/ No Yes/ No Yes/ No

Signature of the Applicant : _____

Submitted to :

The Registrar _____

Name of State Veterinary Council _____

Address _____