

**Annexure-A**

**Application Format for engagement as Pashu Mitra in Animal Husbandry Department**

To

The Senior Veterinary Officer,  
Sub Divisional Veterinary Hospital \_\_\_\_\_  
District \_\_\_\_\_, HP.

Application for engagement as Pashu Mitra at \_\_\_\_\_  
(name of Veterinary Institution/Farm) falling in the Gram Panchayat/ULB  
\_\_\_\_\_, District \_\_\_\_\_, HP.

1	Name of the Applicant		Attach Passport Size Photo
2	Father's /Husband's Name		
3	Permanent Address (mention of Gram Panchayat/ULB is mandatory)		
4	Sex	Male/ Female	
5	Date of Birth		
6.	Mobile No.		
7	Category- General/ SC/ST/OBC/BPL/EWD		
8	Essential Qualification- Matric	Marks Obtained in Matric: Out of Total marks: Percentage of marks:	
9	Whether Livestock Rearing Self/Family	Yes/ No	
10.	Documents Attached:-	Document Description	Page No.
	1. Identity/proof of residence of Gram Panchayat/ ULB		
	2. Educational Qualification- Matric/Diploma/Degree in Veterinary Science		
	3. Date of Birth Proof-(Matric Certificate/ Birth Certificate		
	4. Matric certificate with Marksheet		
	5. Bonafide Himachali Certificate		
	6. Character Certificate		
	7. Category Certificate (SC/ST/OBC)		

	8. Certificate of widow/divorcee/ destitute/single woman		
	9. Certificate of single daughter/orphan		
	10. Certificate of land less family having less than 01 Hectare land		
	11. Non Employment Certificate		
	12. NCC/NSS/Scouts & Guides Certificate		
	13. Sports competition Certificate		
	14. Experience of Animal Husbandry Activities (if any)		

Place:

Date:

Signature of candidate

Name of candidate:-

Declaration:-

I hereby declare that the contents of the application form above have been filled by me and are true to best of my knowledge and belief and is based on official record. If, at any stage, any information/statement is found to be false or any document tampered with or forged, I am liable to be proceeded against in a court of law beside my engagement as Pashu Mitra being nullified/ discontinued without any further notice.

I shall have no right to claim for regularization / absorption/ appointment as regular employee of the State Government.

Signature of candidate

## Annexure-B

### **Certificate of Livestock Rearing Farmer/Family**

*(To be issued by Veterinary Pharmacist of nearest Veterinary Dispensary/Hospital and counter signed by the Panchayat Secretary of concerned Gram Panchayat)*

Certified that Mr./Ms. \_\_\_\_\_,  
Son/Daughter/wife of \_\_\_\_\_ is resident of  
Village \_\_\_\_\_ Gram \_\_\_\_\_ Panchayat  
\_\_\_\_\_, Tehsil \_\_\_\_\_, District  
\_\_\_\_\_, Himachal Pradesh.

That as per record, as on 31-12-2024, the above applicant/his/her family (as detailed in the Parivar Register of Gram Panchayat), are/were owners of livestock (as per Animal Registration Data entered on or before 30.04.2025 in Bharat Pashudhan Portal) as per following detail:-

Sl. No.	Type of Animal	Number			Tag No./ Registration No. on NDLM Portal
		Female	Male	Total	
1	Cattle				
2	Buffalo				
3	Horse/ Donkey/ Mule				
4	Goat				
5	Sheep				
6	Poultry Birds	-	-		

Veterinary Pharmacist  
I/c Veterinary Dispensary/Hospital \_\_\_\_\_  
District, Kullu, HP.

Panchayat Secretary  
Gram Panchayat \_\_\_\_\_  
District Kullu, HP

## **Annexure-C**

### **Form of the Medical Certificate**

- A. I/We do hereby certified that I/We have examined \_\_\_\_\_, a candidate for engagement as Pashu Mitra in the Animal Husbandry Department and cannot discover that he/she has any disease (Communicable or Otherwise), constitutional weakness or bodily infirmity except \_\_\_\_\_. I/we do not consider this a disqualification for engagement as Pashu Mitra in the Animal Husbandry Department.
- B. His/ her general health parameters are as under:-
1. Circulatory System:  
Blood Pressure:-  
  
Systolic: \_\_\_\_\_  
Diastolic: \_\_\_\_\_
  2. Respiratory System: \_\_\_\_\_
  3. Digestive System: \_\_\_\_\_
  4. Genito Urinary System:- Urine examination  
  
Reaction: \_\_\_\_\_  
Specific Gravity: \_\_\_\_\_
  5. Nervous System: \_\_\_\_\_
  6. Special Senses including remarks on correction of visual defects, if any  
\_\_\_\_\_
- C. His/her age is, accordingly to his/her own statement \_\_\_\_\_ years and by appearance about \_\_\_\_\_ years.

(Signature of the Candidate)  
Station:  
Date:

(Signature and Designation of  
Examining Medical Authority