APPLICATION FOR TRANSFER OF THE NAME OF A REGISTERED VETERINARY PRACTITIONER FROM STATE VETERINARY REGISTER OF ONE STATE TO ANOTHER

(to be submitted in duplicate)

To,							
Sir,	The Secretary, Veterinary Coun 'A' Wing,2 nd Floo Bhikaji Cama Pl	or,August Kr					
	Dr		Son/[Doughter/Wife	of		
Reside							(complete
postal at	address)	and	at	present	practicing	Veterinary	medicine (place with
particu	name) am a regis lars with		nary pra	ctitioner having State V	g got registered eterinary Cound	my name and il under the Ind	other relevant
	My registration i	of that re	gister/its				
medici	ne, I request that	Sta	ate Vete direction	erinary register may be given	where I am of to the concerne	currently practiced State Vetering	ing Veterinary nary Council to
Veterir	fect that my nar nary Register and	included in t	he			State Veterinar	y register.
the en the Re	The prescribed to the Veterinary Conclosed Demand Engistrar of the about	uncil as prov Oraft No ve State Cou above partic	rided und	der Section 52date hich transfer is e true as per th	of the Act is als dbe done.	so submitted he crossed and ma	rewith through ade payable to
any St	ate other than the	State menti	oned abo	ove.			
						`	ours faithfully,
						(Signatuı	re of Applicant)
Name	as appears in the	State Regis	ter				
Compl	ete present posta	l address (In	block le	tter)			

Note: Please enclose the followings with this Application-

- 1. No objection/dues Certificate issued by the State Veterinary Council where the practitioner is currently registered.
- 2. Two attested photo copies of basic degree certificate and date of birth certificate.
- 3. Two attested photocopies of State registration certificate indicating period of validity on the date of application.