



FORM IX

**APPLICATION FOR REGISTRATION AS "REGISTERED
VETERINARY PRACTITIONER" UNDER THE INDIAN
VETERINARY COUNCIL ACT 1984 (52 of 1984)**

To

The Registrar
Kerala State Veterinary
Council Thiruvananthapuram

Sir,

I request that my name, address, qualifications and other particulars as given hereunder may be registered in the Kerala State Veterinary Register to be maintained by you under the Indian Veterinary Council Act, 1984 (52 of 1984) and that I may be issued with a Certificate of such registration in due course.

2.1 enclose herewith the originals of my Degree/Diploma Certificates in support of my qualifications for your verification and request that they may be returned to me when done with I also enclose their attested copies for your records.

3. The prescribed registration fee of Twenty Five Rupees is also sent along with through the enclosed Demand Draft bearing No.....and date..... and crossed and made payable to you in Thiruvananthapuram.

4. The above referred particulars of mine are as under :

Name in full (in block letters)		Name of Father:	
Place of Birth	Place	Taluk	District
Date of Birth:		Nationality:	

Professional Address:.....
.....
.....Pin.....

Residential Address:.....
.....
.....Pin.....

Taluk Block..... Panchayat.....
Phone No Mobile No e-mail:-.....

Permanent Address:.....
.....
.....Pin.....

Veterinary Qualification:.....
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Other Academic Qualifications if any:.....
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Present Occupation (Please tick () whatever is applicable)
1. Government Service 2. Private Practice 3. Retired person
4. Other Service specify 5. 6.

Any other relevant information
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5. I affirm that the particulars given above are correct.

Yours faithfully,

Place :

Date:

Signature of the applicant