

FORM FOR REGISTRATION OF INDIGENOUS HORSE STUD FARMS

ANNEXURE - C

STUD FARM REGISTRATION

S. No.	DESCRIPTIONS	DETAILS TO BE FURNISHED BY APPLICANT
1.	Name of the Stud Farm	
2.	Total land owned by the Stud Farm A Registered in name of Stud Farm B Registered in name of proprietors C On Lease/Rent from others	
3.	Location of the Stud Farm A Village/City B Post Office C Tehsil/Taluka D State/Territory E Pin Code	
4.	Name of the nearest Location (In Kms) A Railway Station B Main Bus Stand C Airport(Nearby) D Route be given, via Town	
5.	Registered address of Stud Farm Website Phone number Email ID Alternate Contact number	
6.	Correspondence Address	
7.	Name of Proprietor/ partners etc. Aadhaar Number(Attach Copy)	

8.	Address of Partners if it is different from Serial No. 5 & 6.	
9.	Name of the Person who is Authorized to be sign on the behalf of the Stud Farm.	
10.	Specimen signature of the Authorized Person.	
11.	Abbreviations of stud farm (If any Specifically).	
12.	Number of Horses at Stud Farm	Owned by the Stud Farm Marwari/ Kathiawari/ Sindh/ Nukra/ Any other breed
A.	• Stallions:-	Belonging to Others at the Stud Farm Marwari/ Kathiawari/ Sindh/ Nukra/ Any other breed
B.	• Broodmares:-	
C.	• Colts:-	
D.	• Fillies:-	
	Totals:-	
13.	Break up of Land Owned/ Lease/Rental with the Stud Farm. Building and Stables/ Stores Etc. Fodder Production. Paddocks/ Exercise Arena. Other Area (If any Specifically).	
14.	Documents of Land with the Stud Farm.	
A.	Khatadari Record/ Farad issued by Revenue Authority; Duly Signed (Attach Copy).	
B.	Lease or Rental Deed/Agreement; Duly attested by Notary Public.	

15.	Number of Stables/Stalls. A. Permanent. B. Temporary/ Make Shift. C. Under Construction.	
16.	Number of Foals produced in past Two (2) Years.	
17.	Veterinary care/ Health Facilities/ Dispensary/Hospital within radius of 3 Km of the Stud Farm.	
18.	Name of Veterinary Hospital/ Dispensary with its full address & Distance from The Stud Farm.	
19.	Name of Registered Veterinary Doctor with his/her Registration No. of VCI/SVC. A. On panel as visiting Vet. B. Appointed on regular basis.	

Place:

Date:

Signature and Seal of Inspecting authorized Person

Signature of Applicant