

CITIZEN CHARTER

Of

**Department of Animal Husbandry
&
Fisheries**

Chandigarh Administration

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PREFACE

Chandigarh is a small Union Territory spreading on an area of around 114 sq kilometers. It is urban in character consisting of one fully-grown city, Chandigarh and a small rural area of 13 villages.

The Department of Animal Husbandry & Fisheries came into existence on 1-04-1978 after the bifurcation of the then Poultry Project of Chandigarh Administration. Since then, all the Animal Husbandry & Fisheries activities in the U.T. Chandigarh are being controlled by the this Department.

The livestock population of Union Territory Chandigarh, as per 19th livestock census 2012, is 24,197. The bovine population is 22,996 out of which cattle population is 8,962. The breed able population is only 20,769. Besides this, there are 9,984 domestic dogs being kept by the people. The poultry population is 1, 08,719. The department is concerned for providing animal health facilities to the livestock owners through four veterinary hospitals for large animals and eight veterinary sub-centres. The cattle development programme is carried out through one Artificial Insemination Centre and veterinary sub-centres through artificial insemination of cattle and buffaloes. It has one Veterinary hospital for pet animals for providing veterinary services to the pets. The major part of the service being delivered by this department is for livestock and pet owners. The focus of the department is on providing efficient heal cover facilities to the animal owners at easily approachable distance. It is because of this, a citizen charter has been prepared by this department

For Fisheries Development activities, a Fish Seed Farm has been established down below the regulator on the extreme end of the lake. The main aim of this farm is to produce quality fish seed for keeping its stock in Sukhna lake, forest check dams and village ponds. There are 15 rearing tanks and 12 nursery tanks and one stock tank covering an area of one hectare. One tube-well has been installed for providing fresh water to these ponds for producing quality seeds especially for production of ornamental fish.

ANIMAL HEALTH AND VETERINARY SERVICES

Existing Veterinary facilities in Chandigarh

Sr. No	Name of the Institution	No
1	2	3
1	Veterinary Hospitals for large animals at Sector-38, Manimajra, Dhanas, Hallomajra	4
2	Veterinary Hospitals for pet animals, Sector-22	1
3	Artificial Insemination Centre, Sector-38 along with nine Veterinary Sub-Centres at Behlana, Palsora, Kejheri, Khuda Alisher, Khuda Lahora, Daria, Kaimbwala, Maloya	10
4	Bird Care Centre, Sector 38, Chandigarh	1

Main Activities Of Govt Veterinary Institutions

- 1) Frozen Semen Technology for breed improvement of Indigenous cows and buffaloes under Cattle Development Programme,
- 2) Maintenance of cattle health
- 3) Disease diagnosis
- 4) Prophylactic vaccinations against dreaded contagious diseases of cattle like Foot & Mouth, H.S., and Rabies etc.

Citizens'/Clients' Charter

**Animal Husbandry &
Fisheries , U.T. Chandigarh**

**1. Service Standards:
Veterinary Services**

Sl. No	Services	Service/Performance standards	Contact details of the Responsible Officer		Documents required	Fee(in Rs)
1	Issue of Post -mortem Report of animals/birds	Two days	Veterinary Officer, I/c, , Vety Hospital	Landline Number	Prescribed format (A-1)(i) (A-1)(ii)	i) animal: 100/- ii) bird: 5/-
			Sector-22	2700092		
			Sector-38,	2677505		
			Manimajra	2740644		
			Hallomajra	2679988		
			Dhanas,	2677505		
2	i) Issue of Health Certificate of birds	One hour	-do-		-do- (A-2)	i)Poultry : 5/-
	ii) Issue of Health Certificate of animals (pets & large)	3 days	-do-		(A-2) (i) (A-2) (ii)	ii)animal: 50/-
3	International & domestic Animal Transport Certificate	1 Day	-do-		-do- (A-3) (i-vi)	100/- per animal
4	Verification regarding Vaccination of pet Dogs for getting registered from Municipal Corporation, U.T. Chandigarh	Same day	-do-		-do- (A-4)	-

5	Attendance of Emergencies	Instant	-do-	-do- (A-5)	10/-
6	Attendance of Routine Cases	As per turn	-do-	-do- (A-5)	10/-
7	Prophylactic mass vaccination of animals against dreaded contagious diseases	Seasonally as per schedule	-do-	-	FMD: 50% of the cost of vaccine HS : 2/- No fee is charged for vaccination under Centrally Sponsored ASCAD Scheme
8	Prophylactic & post bite Anti- rabies vaccination	As & when required	-do-	-	20/- No fee is charged for vaccination under Centrally Sponsored ASCAD Scheme
9	Issue of Vaccination Certificate of animals	Same day as per demand by livestock owner	-do-	Prescribed format (A-6) (i)	
10	Issue of Vaccination Certificate of birds	-do-	-do-	Prescribed format (A-6) (ii)	
11	Artificial Insemination of cows & buffaloes to improve the existing germ plasma and to increase productivity	Services are available round the clock as & if required	-do-	-	i) Locally Frozen Semen: 20/- Per A.I ii) Imported Frozen Semen: 100/-perA.I
12	Issue of Licenses to public for angling at Sukhna Lake as a 'Sport Activity'	On daily, 10 days' & monthly basis	Farm Supdt. Govt. Fish Seed Farm, U.T. Chandigarh. Ph.. 2740872	Prescribed format (A-7)	Daily : 40/- 10 days : 300/- One month : 800/-

II. Service Standards (Common Service Matters)				
Sr. No.	Services	Service/Performance Standards (working days)	Process	Responsible Officer
1.	Earned Leave	15 days	Receipt of application complete in all respects.	Head of the Office
2.	NOC for higher study	15 days	i. Receipt of application. ii. Obtaining the decision of the competent authority	Head of the Department
3.	LTC	20 days	i. Receipt of application complete in all respects ii. Obtaining the decision of the competent authority	Head of the Office
4.	NOC for applying for another/higher post	15 days	i. Receipt of application. ii. Obtaining the decision of the competent authority	Head of the Department
5.	General Provident Fund	20 days	i. Receipt of application complete in all respects	Head of the Office
6.	NOC for passport	45 days	i. Receipt of application complete in all respects ii. Obtaining vigilance clearance iii. Obtaining the decision of the competent authority	Head of the Department
7.	Ex-India Leave	45 days	i. Receipt of application complete in all respects. ii. Obtaining vigilance clearance iii. Obtaining the decision of the competent authority	Head of the Department
8.	Compassionate appointment	90 days	i. Receipt of application complete in all respects. ii. Obtaining the decision of the competent authority	Head of the Department
9.	Processing of Extension of Deputation period	90 days	i. Examination of the proposal by the department. ii. Obtaining the decision of the competent authority	Head of the Department

REDRESSAL GRIEVANCE**i) Director Animal Husbandry & Fisheries,**

Chandigarh Administration

Phone No 2700045

ii) Joint Director Animal Husbandry & Fisheries,

Chandigarh Administration

Phone No 2700092

Conclusion

In case of any difficulty or assistance/suggestion relating to Animal Husbandry & Fisheries activity in .U.T Chandigarh, Joint Director, Animal Husbandry & Fisheries may be contacted at the Office of Animal Husbandry, Sector 22-C, Chandigarh.

Phone No 2700092.

**Department of Animal Husbandry
Government of U.T., Chandigarh**

**POST MORTEM EXAMINATION REPORT FOR ANIMALS OTHER THAN
POULTRY**

(1)	(2)	(3)	(4)
PM report No.		PM conducted at (location)	
PM date		PM time Ref.	
Ref by		date	
1. Animal details			
Species		Breed	
Sex		Age (years)	
Identification No/Mark		Any other	
Colour			
History of illness and treatment			
Date of death		Time of death	
2. Animal owner details			
Name Address			
Contact number			
3. External examination			
Rigor mortis		External orifices	
Condition of the carcass		Udder	
Hair coat			
Wound/tumor (location and dimension)			
Other observations		Visible Mucous membranes	
		Bones and joints	
4. Internal examination			
Thoracic Cavity			
Ribs			
Cartilage			
Pleura			
Diaphragm			
Larynx			
Trachea			
Bronchi			
Lungs			
Lymph nodes			
Pericardium			

(1)

(2)

(3)

(4)

Endocardium
Myocardium
Aorta
Auricles
Ventricle
Oesophagus
Other observations

Abdominal cavity

Peritoneum
Fluid (colour,
quantity and
consistency)
Lymph nodes
Rumen/Stomach/
Reticulum
Omasum
Abomasum
Small intestine
Large intestine
Mesentery
Portal veins
Liver
Gall bladder
Pancreas
Kidney & Adrenals
Ureters
Urinary Bladder
Spleen
Other observations

Pelvic cavity

Testicle
Epididymis
Spermatic cord
Scrotum
Prostrate
Penis
Vulva
Cervix
Vagina
Uterus
Ovary
Other observations

a. Head and Neck

Scalp
Skull bones
Meninges
Brain
Spinal cord
Cervical vertebra
Thyroids/Parathyroids
Other observations

(1)

(2)

(3)

(4)

5. Specimen collection details

Specimen type,

Preservatives used

Tests required

Laboratory address

6. Special observation or abnormalities

7. Opinion as to the probable cause of death

8. Post Mortem Report Issue Details

Date of issue

Place of issue

Signature

Name and designation

Registration number with State Veterinary
Council/Veterinary Council of India

Official Seal

Department of Animal Husbandry
Government of UT, Chandigarh

A-1 (ii)
Form D

POST MORTEM EXAMINATION REPORT FOR POULTRY

PM report No.

Date of death

PM date

Ref. by

1. Details of poultry

Specie

Breed

Age

Total flock number

Number of dead birds on which PM was conducted

Identification

mark/number if any

History of illness and treatment

2. Owner details

Name Address

3. Nutritional details

4. Post Mortem details

a) External appearance

(b) Subcutaneous tissue and musculature

(c) General observations after opening the carcass

(d) Respiratory system

(e) Cardiovascular system

(f) Digestive system

(g) Urinary system

(h) Genital system

(i) Immune system

(j) Nervous system

(k) Miscellaneous observations

5. Opinion as to the probable cause of death

6. Specimen collection details

Specimen type

Tests required

Laboratory address

7. PM report Issue details

PM report reference No.

Date of issue

PM conducted at (location of death/other)

Time of death

PM time

Ref date

Sex

Number died

Place of issue

Signature

Name and designation

Registration number with State
Veterinary Council/Veterinary
Council of India

Official Seal

HEALTH CERTIFICATE OF BIRDS

This is to certify that, in my opinion, the bird described below is free from demonstrable, contagious or infectious disease, and does not show emaciation, lesions of the skin, nervous system disturbances, jaundice or diarrhea.

Bird Name : _____
Species : _____
Sex : _____
Color or Markings : _____
Breed : _____
Age : _____
Owner's Name : _____
Address : _____

Hospital,

Veterinary Officer
I/c Govt. Veterinary
Chandigarh.

HEALTH CERTIFICATE OF PET ANIMALS

This is to certify that, in my opinion, the pet animal described below is free from demonstrable, contagious or infectious disease, and does not show emaciation, lesions of the skin, nervous system disturbances, jaundice or diarrhea.

Pet Name : _____

Species : _____

Sex : _____

Color or Markings : _____

Breed : _____

Age : _____

Owner's Name : _____

Address : _____

Veterinary Officer
I/c Govt. Veterinary Hospital,
U.T. Chandigarh.

Form

Health Certificate of Large Animals.

1. Name of the owner of the animal: _____
2. Residential Address of the owner: _____

3. Species of Animal: _____
4. Age: _____
5. Sex: _____
6. Colour: _____
7. Identification marks: _____

8. Ear tag No.: _____
9. Brand No. : _____
10. Microchip Number (if applicable): _____
11. In case of Milch animals- whether in Milk/ Dry
 - a. Milk Yield/ day (in litres) : _____
 - b. Expected lactation Yield / lactation: _____
12. Overall Health Status of the animal: _____

13. Present Market Value of the animal: _____
14. Remarks : _____

Time of Examination:- _____

Place of Examination:- _____

Date of Examination:- _____

(Signature of Veterinary Officer)

Full Name in Block letters

Address:- _____

Official Seal: - _____

SCHEDULE - A
(SEE RULE 4)

Performa for certificate of fitness to Travel - Dogs / Cats

This Certificate should be completed and signed by a qualified Veterinary Surgeon

Date and Time of Examination :

Species of dogs/cats

Number of cages : Number of dogs/cats

Sex : Age :

Breed and identification marks, if any :

Transported from To Via
.....

I hereby certify that I have read rules 8 to 14 in Chapter II of the Transport of Animals Rules, 1978.

- 1) That, at the request of (consignor) I have examined the above mentioned dogs/cats in their travelling cages not more than 12 hours before their departure.
- 2) That each of the dogs/cats appeared to be in good health, free from signs of injury, contagious and infectious disease including rabies and in a fit condition to travel by rail/road/inland/waterway/sea/air.
- 3) That the dogs/cats were adequately fed and watered for the purpose of the journey.
- 4) That the dogs/cats have been vaccinated.
 - (a) Type of vaccine/s:
 - (b) Date of vaccination/s:

Signed :

Address :

.....

Date :

Qualifications

2. SCHEDULE - B (SEE RULE 11)

Size and Type of Crate for Transport of Dogs

The design of the cage mentioned in rule 11 in Chapter II of the Transport of Animals Rules, 1978 shall be as per the design as printed on page 7 of IS : 4746-1968 Published by the Indian Standards Institution.

-All dimensions in centimeters

By Rail/Road/Inland Waterways/Sea, By Air

Length (L)	A x 1 ½	A + C + 10
Width (W)	A	D + 2 + 10
Height (H)	B + 15	B + 0

Length – Tip of nose to root of tail (A)

Width – Width across the shoulders (D)

Height – Tip of ears to toe while standing (B)

Elbow size – Toe to tip of elbow (C)

Note: Cages, Cartons or crates, used to transport dogs, shall be such material, which-will not tear or crumble. They shall be well constructed, well ventilated and designed to protect the health of dogs by giving them adequate space and safety. It is essential that wire mesh should be nose and paw proof; suitable material is that welded wire mesh of not less than 3mm with a spacing 12 x 12mm. Expanded metal and wire netting are unsuitable for this purpose. There should be no protruding nails or unprotected edges of wire. Dogs Kennels in rail coaches shall be so placed as to give protection to dogs from extremes of temperature and disturbance from and by giving them adequate space for health and safety.

3. SCHEDULE - C (SEE RULE 11)

Size and Type of Crate for Transport of Cats

The design of the cage mentioned in rule 11 in Chapter II of the Transport of Animals Rules, 1978 shall be as per the design as printed on page 8 of ISI : 4746 – 1968 published by the Indian Standards Institution.

All Dimensions in Centimeters

By rail/road/inland waterways/sea/by air

Length (L)	A x 2	A x 2
Width (W)	A	A
Height (H)	B + 15	B + 10

Length – Tip of nose to root of tail (A)

Width – Width across the shoulders (D)

Height – Tip of ears to toe while standing (B)

Elbow size – Toe to tip of elbow (C)

Note: Cages, Cartons or crates, used to transport cats, shall be of such material, which will not tear or crumble. They shall be well constructed, well ventilated and designed to protect the health of the cats by giving them adequate space and safety. It is essential that wire mesh should be nose and paw proof; suitable material is a welding wire mesh of not less than 3mm with a spacing 12 x 12mm. Expanded metal wire netting are unsuitable for this purpose. There should be no protruding nails or unprotected edges of wire. Cats Kennels in rail coaches shall be so placed as to give protection to cats from extremes of temperature and disturbance from birds and by giving them adequate space for health and safety.

4. SCHEDULE - D

(SEE RULE 16 AND 32)

Proforma for Certificate of fitness to Travel - Monkeys

This Certificate should be completed and signed by a qualified Veterinary Surgeon.

Date & time examination :

Species of Monkeys :

Number of Cages : Number of Monkeys

Sex : Age :

Breed and identification marks, if any :

Transported from To Via
.....

I hereby certify that I have read rules 15 to 45 in Chapter III of the Transport of Animals Rules, 1978.

- 1) That, at the request of (consignor) I have examined the above mentioned monkeys in their traveling cages not more than 12 hours before their departure.
- 2) That each of the monkeys appeared to be in a fit condition to travel from the trapping area to the nearest rail-head/from the nearest rail-head to another rail-head/from the rail-head to the nearest airport/by air and is not showing any signs of infectious or contagious disease.
- 3) That the monkeys appeared to be under 6 months of age and that no animal appeared to be pregnant.
- 4) That the monkeys were adequately fed and watered for the purpose of the journey.
- 5) That the monkeys have been vaccinated.
 - (a) Type of vaccine/s:
 - (b) Date of vaccination/s :

Signed :

Address :

.....

Date :

Qualifications

A-3 (ii)

5. SCHEDULE - E

(SEE RULE 23 (5) (a) RULE 23 (6))

**Size and Type of Crate for transport of Monkeys from
Trapping area to nearest rail - head**

The construction details of two types of cages mentioned in rule 22(5) (a) in Chapter III of the Transport of Animals Rules : 1978 shall be as per dimensions and design as printed on page 5 of IS : 3699 (Part-I) – 1966 published by Indian Standards Institution.

A-3 (ii)

6. SCHEDULE - F

(See Rule 40 (4))

Size and Type of Crate for Transport of Monkeys by Air

The construction details of two types of cages mentioned in rule 40(3) (a) and (b) in Chapter III of the Transport of Animals Rules, 1978 shall be as per the dimensions and design as printed on page 6 of IS : 3059 – 1965 published by Indian Standards Institution.

A-3 (ii)

7. SCHEDULE - G

(See Rule 40 (5))

**Size and Type of crate for Transport by Air of pregnant and Nursing, Monkeys and
Monkeys weighing over 5 kg.**

The construction details of two types of cages mentioned in rule 40(5) in Chapter III of the Transport of Animals Rules, 1978 shall be as per the dimensions and design as printed on page 7 of IS : 3059-1965 published by Indian Standards Institution.

A-3 (iii)

8. SCHEDULE - H

(See Rule 47)

Proforma for Certificate of fitness to travel - Cattle

This Certificate should be completed and signed by a qualified Veterinary Surgeon

Date and Time of Examination.

Species of cattle

Number of Trucks/Railway Wagons

Number of cattle

Sex :

Age :

Breed and identification marks, if any

Transported from To Via

I hereby certify that I have read rules 46 to 56 in Chapter IV of the Transport of Animals Rules, 1978.

1. That, at the request of (consignor) I have examined the above mentioned Cattle in the goods vehicle/railway wagons not more than 12 hours before their departure.
2. That each cattle appeared to be in a fit condition to travel by rail/road and is not showing any signs of infectious or contagious or parastic disease and that it has been vaccinated against rinderpest and any other infectious or contagious or parasitic disease(s).
3. That that cattle were adequately fed and watered for the purpose of the journey.
4. That the cattle have been vaccinated.
 - (a) Type of vaccine/s:
 - (b) Date of vaccination/s :

Signed :

Address :

Date :

Qualifications

9. SCHEDULE - I

(See Rule 58)

Proforma for Certificate of fitness to travel - Equines

This Certificate should be completed and signed by a qualified Veterinary Surgeon

Date and Time of Examination.

Specie of Equines :

Number of Equines :

Sex : Age :

Breed and identification marks, if any :

Transported from To Via

I hereby certify that I have read rules 57 to 63 in Chapter V of the Transport of Animals Rules, 1978.

- 1) That, at the request of (consignor) I have examined the above mentioned equines not more than 12 hours before their departure.
- 2) That each equine appeared to be in a fit condition to travel by rail/road/sea and is not showing any signs of any infectious or contagious disease(s) and that it has been vaccinated against any infectious or contagious disease(s).
- 3) That the equines were adequately fed and watered for the purpose of the journey.
- 4) That the equines have been vaccinated.
 - (a) Type of vaccine/s:
 - (b) Date of vaccination/s:

Signed:

Address:

Date:

Qualifications

A-3 (v)

10. SCHEDULE - J

(See Rule 65)

Proforma for Certificate of fitness to travel - Sheep and Goats

This Certificate should be completed and signed by a qualified Veterinary Surgeon

Date and Time of Examination.

Specie of Animals:

Number of Animals:

Sex :

Age:

I hereby certify that I have read rules 64 to 75 in Chapter VI of the Transport of
Animals Rules, 1978.

- 1) That, at the request of (consignor) I have examined the above mentioned animals in their traveling cages not more than 12 hours before their departure.
- 2) That each of the animals appeared to be in a fit condition to travel by rail/road and is not showing any signs of any infectious or contagious or parasitic disease(s) and that it has been vaccinated against any infectious or contagious on parasitic disease(s).
- 3) That the equines were adequately fed and watered for the purpose of the journey.
- 4) That the equines have been vaccinated.
 - (a) Type of vaccine/s:
 - (b) Date of vaccination/s:

Signed:

Address:

.....

Qualifications

Date :

11 SCHEDULE K

(See Rule 87 (3))

Proforma for certificate of fitness to travel Pigs

(This certificate should be completed and signed by a Veterinary doctor)

Date and time of examination _____

Species of Animals _____

Number of Animals _____

Sex _____ Age _____

I hereby certify I have read Rules 86 to 95 in Chapter VIII of the Transport of Animal Rules, 1978.

1. That, at the request of (consignor) _____ I examined the above mentioned animals not more than 12 hours before their departure.
2. That each appeared to be in a fit condition to travel by rail/road/sea and is not showing any signs of any infectious or contagious or parasitic disease (s) and that it has been vaccinated against any infectious or contagious disease (s).
3. That the animals were adequately fed and watered for the purpose of the journey.
4. That the animals have been vaccinated.
 - (a) Type of vaccine (s)
 - (b) Date of vaccination.

Date _____

Signed:

Address:

.....

Date :

Qualifications

Annexure 'A'

To

The Medical Officer of Health,
Municipal Corporation,
Chandigarh

Application for registration of pet dog.

Sir,

This to request you that I am keeping pet dog in my house No. _____ Sector _____, Chandigarh. The particulars of my pet dog are as under:-

1. Name of pet dog : _____
2. Sex-Male/Female : _____
3. Breed : _____
4. Colour and Identification mark : _____
5. Age : _____
6. Immunization record : _____
- Name and address of the Veterinary : _____
- Doctor : _____
- Veterinary Council Registration No. : _____
- Anti Rabies vaccination done on : _____

Signature of the Veterinary Office/Doctor :

I herewith deposit Rs. _____ in cash. You are requested to register my pet dog.

Signature of the Applicant

Dated : _____

Name :

Ph. No _____

.....

...

For office use

Receipt No. :

Badge No. allotted to pet dog :

Date _____ Signature of Issuing
Officer

Annexure 'B'

Certificate of vaccination against Rabies for registration of dog.

It is certified that I have done the vaccination of the pet dog whose particulars are as under:-

1. Name of pet dog
: _____
 2. Sex-Male/Female
: _____
 3. Breed
: _____
 4. Bedge No.
: _____
 5. Immunization record
: _____
- Name of owner
: _____
- Address of owner
: _____

Signature of Veterinary

Doctor

Name :

Dated : Veterinary Council Registration No. _____

Address :

OUT DOOR TICKET II

VETERINARY HOSPITAL

Timings

SUMMER: 15th April to 15th October
8 A.M to 2P.M

WINTER: 16th October to 14th April
9.AM to 3 PM

OUT DOOR NO. _____

Kind of Animal _____

Name of owner _____

DISEASE _____

DATE	TREATMENT

(A-6) (i)

Form A

Department of Animal Husbandry

Government of UT Chandigarh

VACCINATION CERTIFICATE FOR ANIMALS OTHER THAN

POULTRY

Certificate No. (unique vaccination certificate number)

Valid from (date of vaccination) to (date till valid)

This is to certify that the animal of the following description has been vaccinated against (name of the disease or diseases) on (date of vaccination) by using a vaccine the details of which are given below :

Description of the animal

Species (name of the species)' **Sex** (male / female)

Identification details (ear-tag number/tattoo or other form of markings)

Name of the owner (full name of the owner of the animal)

Address of the owner (full address of the animal owner)

Owner's contact Phone number

Details of vaccination

Name of the vaccine (vaccine, name) **Vaccine production date** (date of production)

Type of vaccine date of the	(live, inactivated, adjuvant type) batch used)	Vaccine expiry date	of the used vaccine batch)
Vaccine batch No. the	(batch no. of the vaccine)	Vaccinated by	(expiry vaccine (name of agency)
Name of the manufacturer vaccinator)	(vaccine manufacturer's name)	Vaccinated by	(name of

Vaccination certificate issue details

Date of issue

Place of issue

Signature

Name and designation

Registration number
with State Veterinary
Council/Veterinary Council of India

Official Seal

(A-6)(ii)

Form B

Department of Animal Husbandry

Government of UT Chandigarh

VACCINATION CERTIFICATE FOR POULTRY

Certificate No. (unique vaccination certificate number)

Valid from (date of vaccination) to (date till valid)

This is to certify that the Poultry of the following description have been vaccinated against (name of the disease or diseases) on (date of vaccination) **by using a vaccine the details of which are given below :**

Details of vaccinated poultry

Poultry specie (chicken, duck, quail etc.)
layers,
Poultry type (Day Old Chicks,
broilers, breeder
etc.)

No. of birds vaccinated (number immunized)
wing/leg
**Marking details for
identification of
vaccination** (painting,
band etc.)

Name of the owner (full name of the owner of the animal)

Address of the owner (full address of the animal owner)

**Owner's contact
Phone number**

Commercial poultry (yes / no)
Backyard poultry (yes / no)
establishment

Details of vaccination

Name of the vaccine (vaccine name)
production of
Vaccine production (dale of
date
batch)
the used vaccine

Type of vaccine (live, inactivated,
adjuvant type)
used)
Vaccine expiry dale (expiry date of the
vaccine batch

Vaccine batch No. (batch no. of vaccine)
agency)
Vaccinated by (name of the

**Name of the manu-
vaccinator)** (vaccine manufacturer's
facturer name)
Vaccinated by (name of the

Vaccination certificate issue details

Date of issue
Place of issue

Signature

Name and designation

**Registration number with
State Veterinary
Council/Veterinary Council
of India**

(A-7)
FISHING LICENCE

1. Serial number of License _____ Book No _____
2. Class: Rod and Line or kundi dori
3. Period of issue:-
 - (i) One month (From _____ to _____) for Rs. 800/-
 - (ii) Ten days (From _____ to _____) for Rs. 300/-
 - (iii) One day (From _____ to _____) for Rs. 40/-
4. Date of payment of fee _____
5. Date of Issue of License _____
6. Name & address of Licensee _____

Permission is hereby granted to the Licensee for angling in the Sukhna Lake, Chandigarh from the date of Issue to this License _____ to _____ subject to the conditions laid down in the rules published with Punjab Government notification No. 10364-AH(V)-63/6081, dated 7th November, 1963.

CONDITIONS UNDER WHICH THE LICENSE IS ISSUED

1. The Licensee shall catch the fish with Rod and Line only, on each License.
2. The Licensee shall not sell his catches.
3. The Licensee shall not catch fish of a size smaller than 15cm total of fish length and in case small fish is caught, he will throw it back in the lake.
4. The Licensee shall not catch more than two fish in one day.
5. The Licensee shall not use poison, lime, dynamite, or any obnoxious or explosive substance for catching or killing any fish.
6. The Licensee shall be bound to report to the any officer of the Fisheries Department about the breach of these rules which comes to his notice.
7. The Licensee shall be bound to produce the license on demand by any person authorized to demand it.
8. On the expiry of the period of the License the licensee shall surrender his license to the Farm Superintendent, U.T., Chandigarh indicating therein the weight together with the species of the fish caught during the period of the license.
9. No Fishing shall be permitted within the distance of 300 meter from the lake club cafeteria to 100 meter from the lake regulator.
10. The Licensee shall not catch fish before 9.00 a.m. or after 5.00 P.M.

11. The Licensee shall not interfere in catching of fish by the employees of Fisheries Department or acting under proper authority.

Signature of Licensee

Farm Superintendent
for Joint Director,
Animal Husbandry & Fisheries,
Chandigarh Administration