


**GOVERNMENT OF MEGHALAYA  
OFFICE OF THE REGISTRAR, MEGHALAYA STATE VETERINARY COUNCIL  
HQ: SHILLONG**

**No. MSVC/E-22/2025/4**

**Dated Shillong, the 15<sup>th</sup> July, 2025**

This is to draw the attention to all the Veterinarians residing in the State of Meghalaya, whether in Government Services, Private Practices, other Organisation / Institutions etc, that under Section. 48 of the Indian Veterinary Council Act, 1984, those who have not renewed their registration are required to renew their registration within the 30<sup>th</sup> August 2025, failing which their name will be deleted from the Register as per Section. 49.

For further details please contact the office of the undersigned.

  
**Dr. (Mrs) D. Papang,**  
**Registrar,**  
**Meghalaya State Veterinary Council**  
**Mobile No: 9402359597/ 9612115364**

(5)

**FORM- 'F'**  
(See sub-rule (1) of Rule 15)

**Application for the continuation of retention of name in the Meghalaya Veterinary Practitioners Register.**

**Date:**

To,

The Registrar,  
Meghalaya State Veterinary Council,  
Shillong.

**Subject: Continuation of retention of name in the Meghalaya Practitioners register.**

Sir,

I request that as a registered Veterinary Practitioner my name may be continued in the register maintained by the Meghalaya Veterinary Council.

My particulars are submitted as under:

1. Full Name (in block letters) :
2. Maiden name in full in case of a married woman (in block letters) :
3. Registration No :
4. Date upto which it is to be renewed :
5. Qualification (s) possessed at the time of initial registration :
6. Additional Qualification entered, if any :
7. Permanent Address for correspondence :

\*Payment made by Cash/ Demand draft for sum of ₹ 500/- (Rupees Five hundred) only (₹ 15/- towards renewal charges and ₹ 485/- towards service charges) is enclosed, in the name of Registrar, Meghalaya State Veterinary Council, Shillong (D.D No. \_\_\_\_\_ date \_\_\_\_\_ payable at ICICI Bank Shillong, Iewduh Branch).

**Yours faithfully**

**Signature**  
**Full Name (in block letter)**  
**Address:**

**Dated:** \_\_\_\_\_

**Strike off if not applicable**