

**GOVERNMENT OF MEGHALAYA
OFFICE OF THE MEGHALAYA STATE VETERINARY COUNCIL
SHILLONG**

No. MSVC/E-16/2018/6

Dated Shillong, the 12th June, 2023

From: Dr. H.K Marak
I/c Registrar,
Meghalaya State Veterinary Council

To,
All Drawing & Disbursing Officers
A.H & Veterinary Department.

Subject: **1. Retention of name of all Registered Veterinary Practitioners in the Meghalaya State Veterinary Council, Register.**
2. Issuing of Fresh IDs to all Registered Veterinary Practitioners of Meghalaya State Veterinary Council.

Sir/ Madam,

With reference to the subject cited at Sl- 1 & 2 above and in pursuance to Meghalaya State Veterinary Council Rules, 1999 (Rule 15) for retention of names of Veterinary Practitioners in the State Vety. Register, I am enclosing herewith 2 (two) Formats for circulation to all officers under your respective jurisdiction & to submit the forms to the office of the undersigned **within a period of 30 (thirty) days** from the date of issue of this letter. Details of the Format is as follows:

1. Format 'F' to be duly filled in by Veterinary Prcatitioners who have registered with Meghalaya State Veterinary Council.
2. Format 'I' to be duly filled in for issuing of fresh IDs to all Veterinary Practitioners who have registered in the State Veterinary Council.

Please treat this as "***Top Priority***"

Enclosed: As stated

Yours Faithfully,



I/c Registrar
Meghalaya State Veterinary Council,
Shillong.

MEGHALAYA STATE VETRINARY COUNCIL, SHILLONG
IDENTITY CARD

NAME : _____

Registration No: _____

(latest stamp size photo)

Date of Birth : _____

Permanent Address: _____

Phone no: _____

Email address: _____

Signature of the card holder

NB:- Please put your signature within the box

To be filled up by the Registrar office:-

i) I D No:- _____

ii) Date of issue:- _____

iii) Valid upto :- _____

(A minimal fees of ₹150/- (**Rupees One Hundred & Fifty**) only is the rate for issuing of the IDs).

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