

ANDHRA PRADESH VETERINARY COUNCIL
Form of Application for Registration

To,
The Registrar
Andhra Pradesh Veterinary Council,
Shantinagar
Hyderabad- 500 028.

Sir,

I request that my name and particulars which are shown below may be entered in the Andhra Pradesh Veterinary Practitioners Register and I may be furnished with a certificate of Registration.

1. Full Name :
[in capital letters]

2. Father/Husband Name :

3. Nationality :

4. Address for correspondence :
with Telephone No :

5. Permanent Address :
with Telephone No :

6. Address of Place of Working:

7. Employment status with details:
(P.G.Student/Self employed / Private Employed
Employed in Government/Unemployed/Retired)

8. Date of Birth :
[Christian era][in words also]

9. E-mail Address:

10. Registrable qualification possessed by applicant with date of obtaining and the name of authority awarding the qualification and additional qualifications

Sl.No.	Qualifications	Name of the University	Name of the College	Year
(a)				
(b)				
(c)				

(P.T.O)

I am enclosing herewith the following:

- [a] Date of Birth(Matriculation or Secondary Examination Certificate) in Original and 2 Xerox copies**
- [b] Degree Certificates in Original with 2 xerox copies**
- [c] Fee Rs.1000/- (Rupees One thousand only) (Registration Fee Rs.25/-, Service Charges Rs.975/-) through Cash / Bank Draft in favour of Registrar, A.P. Veterinary Council, Hyderabad.**
- [d] Three passport size photographs [recently taken]**

I certify that the particulars Supplied above are true to the best of my knowledge and belief.

Yours faithfully,

Date:

Place:

**Signature of Applicant
[Name & Address]**