DAIRY DEVELOPMENT DEPARTMENT
APPLICATION FORM – ASSISTANCE TO DCS – 20….-
ASSISTANCE FOR ESTABLISHING LOW COST ETP SYSTEM

DISTRICT…………………… DESU ………………… DCS ………………………

1. Name and address of society with 
   Register No. and full postal address : 

2. Date of registration of the society : 

3. Date of starting the society : 

4. Date of application for the subsidy : 

5. Paid up share capital of the society as on 
   date of application : 

6. Last audited year and audit classification : 

7. No. of members as on the date of application 
   and share capital : 

8. Daily average quantity of milk (in litres) procured 
   by the society : 

9. No. of members, non-members supplying milk and 
   daily average quantity of milk (in litres) procured by 
   the society : 

<table>
<thead>
<tr>
<th>MEM</th>
<th>NON MEM</th>
</tr>
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<tbody>
<tr>
<td>NO.</td>
<td>QTY (LTR)</td>
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10. Details of the mode of disposal of milk collected : Local sales - lpd (av.), Milma Sales - lpd (av.)

11. Was the society given subsidy for the same 
    purpose previously. If so, give full details of subsidy 
    received : Yes / No

12. Whether sanction has already been obtained for the 
    land owned and the existing DCS building : Yes / No.
12 a. If yes, order No., date and name of authority from 
     which sanction is obtained. : Order No. …………………… dated …………………… of 
                                 ………………………………………………

13. Whether the DCS is having Bulk Milk Cooling Unit 
    (If yes, specify the capacity) : Yes / No.

14. Whether the DCS is a cluster BMCC : Yes / No.

15. If the DCS is a cluster BMCC, quantity of milk 
    handled/stored per day : …………………… litre

16. Approximate quantity of effluent in DCS per day : …………………… litre

17. Type of ETP proposed to be installed : ………………………………………

18. Estimated cost for the establishing ETP : Rs ……………… (Rupees …………………………….. Only)
19. Capacity of proposed ETP: ……………………… Litre

20. Name of the agency who prepared the plan and estimate of ETP:
(Attach attested copy of plan and estimate along with the application):

21. Whether detailed project report submitted along with this application: Yes / No.

22. Whether installation of ETP in DCS fully completed?: Yes / No.

23. Actual cost incurred for establishing ETP in DCS: Rs ……………………….

24. Amount of subsidy applied for (Rs in words): Rs ……………… (Rupees …………………………….. Only)

25. Project if completed whether separate valuation obtained for established ETP: Yes / No.
(If Yes, attach certified copy of valuation certificate and 3 relevant photographs)

26. Whether true copies of the following resolution of the Managing Committee of the society duly attested by President, Secretary and two other committee members attached to the application: Yes/ No

   a. Resolution for applying the subsidy: Yes /No.
   b. Resolution undertaking to maintain the ETP in good condition: Yes /No
   c. Resolution undertaking to produce the new ETP for inspection when so required by the officers of the Dairy Development Department: Yes /No
   d. Resolution undertaken that the ETP shall not be pledged, sold or otherwise disposed off: Yes /No
   e. Resolution to the effect that the new ETP shall be utilized only for the business of the society and for no other purpose: Yes /No
   f. Resolution agreeing to abide by all the rules governing the grant of the subsidy and also any further rule that may be framed by the Government in this regard: Yes /No
   g. Resolution that the prescribed tender procedures shall be followed for the purpose of construction of ETP: Yes /No

27. Resolution No. and date of General Body approving the proposed construction (attach true copies):
   Resolution No. ……………dated …………… of General Body

28. Name and full address of the President of the society:

29. Name and full address of the Secretary of the society:
   (Please indicate whether the secretary is a paid secretary or honorary secretary):

30. Name and full address of the two committee members signing the application:
    01.
    02.
DECLARATION

We, Sri/Smt……………………………………………………………………………………………………………… President , Sri/Smt………………………………………………………………………………………………………………
Secretary, Sri/Smt…………………………………………………………………………………………………………… and Sri/Smt………………………………………………………………………………………………………………
………………………………………………………….Committee members of the …………………………………………………………………………………(society)
Ltd No………………………………………… do hereby declare that the information furnished above are true and correct to the best of our knowledge and belief.

Signature

Sri./Smt……………………………………………(President)
Sri./Smt……………………………………………(Secretary)
Sri./Smt……………………………………………(Committee member)
Sri./Smt……………………………………………(Committee member)

FOR OFFICE USE ONLY

VERIFICATION CERTIFICATE AND RECOMMENDATION OF THE DAIRY FARM INSTRUCTOR

The application has been scrutinized by me with reference to the relevant records and accounts of the society and information furnished in the application have been found correct. Hence the ………………………………………………. KSS with Ltd No. ………………… coming under ………………….DESU is recommended for selection as a beneficiary for establishing LOW COST EFFLUENT TREATMENT PLANT under the Plan Scheme : Assistance to DCS of year 20…. - …..

Station : Office Seal Name and Signature of the Dairy Farm Instructor

RECOMMENDATION OF THE DAIRY EXTENSION OFFICER

Based on the verification and recommendation by the Dairy Farm Instructor as above, …………………………KSS, Ltd No…………………. coming under ………………….DESU of ………………… District is recommended for selection as a beneficiary DCS for establishing LOW COST EFFLUENT TREATMENT PLANT under the Plan Scheme : Assistance to DCS of the year 20…. - ….. Recommended for the sanction of eligible subsidy amount of Rs …………………… (Rupees …………………… Only)

Station : Office Seal Signature of the Dairy Extension Officer
Date :

SANCTION ORDER FROM DEPUTY DIRECTOR

The application submitted by the society with proper recommendations from the concerned Dairy Extension Officer has been verified. The ………………………………….KSS, Ltd No……………………………… coming under ………………….DESU of ………………… District is selected as a beneficiary. Sanction is hereby accorded for a subsidy of Rs ……………… (Rupees …………………… only)

Station : Office Seal Deputy Director
Date :