



# தமிழ்நாடு கால்நடை மருத்துவப் பேரவை TAMILNADU STATE VETERINARY COUNCIL

(Constituted under Indian Veterinary Council Act 1984)

No. 2, Pasumpon Muthuramalingam Salai, Nandanam, Chennai - 600 035.

Tele/Fax: 044-24310065, E-mail id: [tnsvchennai@gmail.com](mailto:tnsvchennai@gmail.com), website: [www.tnsvc.org](http://www.tnsvc.org)

**FORM IX** [See rule 13]

## APPLICATION FOR TRANSFER OF REGISTRATION

From  
Dr. \_\_\_\_\_

**TNSVC Regn. No:** \_\_\_\_\_

**Residential address Door no:** \_\_\_\_\_

Street & Village: \_\_\_\_\_

Post & Taluk: \_\_\_\_\_

District & State: \_\_\_\_\_

Country & Pin code: \_\_\_\_\_

\*\*\*Recent photo  
to be pasted and  
should be attested  
by gazette officer  
other than  
applicant

To

The Registrar  
TamilNadu State Veterinary Council,  
Chennai- 600035.

Sir,

I am to request you for transfer of registration from \_\_\_\_\_ (state) to the TamilNadu State. My name and particulars which are shown below may be entered in the TamilNadu State Veterinary Practitioners Register and that I may be furnished with a Certificate of Registration.

**1. Applicant Name** (in capital letters) : \_\_\_\_\_

**2. Father's or Husband's Name** : \_\_\_\_\_

**3. Nationality** : \_\_\_\_\_

**4. Correspondence address**

Door. No & Street Name : \_\_\_\_\_

Village & Post : \_\_\_\_\_

Taluk & District & Pin code : \_\_\_\_\_

**5. Date of birth** (Christian era) : \_\_\_\_\_ **Mobile no:** \_\_\_\_\_

**6. E-mail ID** : \_\_\_\_\_

**7. Employment status with detail Designation:** \_\_\_\_\_

full Office Address: \_\_\_\_\_

Pin code \_\_\_\_\_

**8. Basic Registerable Veterinary qualifications Possessed by applicant,**

Sl no	Qualificatio n	University	College	Passing year & date	Roll. no
1					

--	--	--	--	--	--

**8. (A)** Are you migrated from any other college to the college from where you have completed your B.V.Sc / B.V.Sc & A.H degree course. If SO furnish name of the college and university with a copy **of migration certificate**: \_\_\_\_\_

**9.** Additional Veterinary qualification possessed by the applicant ,

Sl no	Qualification	University	College	Passing year & date	Roll. no	Discipline
1	M.V.Sc					
2	Ph.D					

**10.** Name of the State Veterinary Council, where the applicant is already registered

**(Registration number and date :** \_\_\_\_\_

**11. I am enclosing the following:**

- ❖ Fee of Rs.1000/- through bank draft in the favour of **REGISTRAR**, TamilNadu State Veterinary Council payable at Chennai.
- ❖ Two **Recent Passport size** photographs in colour
- ❖ **Degree & Provisional certificate** possessed by me (Original *along with two attested copies thereof*. (After verifying the original certificate, the same may please be returned to me)
- ❖ Proof of date of *birth (10<sup>th</sup> or 12<sup>th</sup> standard mark sheet) -Two attested copies.*
- ❖ Proof of Residence in TamilNadu, **two attested copies of Ration card / Aadhar card / Passport / Driving License.**
- ❖ No Objection Certificate from the Registrar of the state Veterinary Council Where the applicant is already registered.
- In Respect of **Online Payments** Copy of Receipt may be attached.

I certify that the particulars furnished above are true to the best of my knowledge and belief. I also certify that I am residing in TamilNadu in the above address.

***Yours faithfully,***

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**Signature of the Applicant**

**FOR OFFICE USE ONLY**

1. Cash Receipt No : \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_
2. Registration fee : \_\_\_\_\_
3. Other charges : \_\_\_\_\_
4. Total amount : \_\_\_\_\_
5. State Veterinary Registration No. : \_\_\_\_\_

**Registrar**  
TamilNadu State Veterinary Council,

Chennai.