



**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: [tnsvcchennai@gmail.com](mailto:tnsvcchennai@gmail.com), website: [www.tnsvc.org](http://www.tnsvc.org)

**FORM VII [See rule 9 (1)]**  
**APPLICATION FOR REGISTRATION**

From,

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

DR. \_\_\_\_\_

**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 \*

To

**The Registrar**

Tamil Nadu State Veterinary  
Council, Chennai - 600035.

Sir,

I am to request you that my name and particulars which are shown below may be entered in the Tamil Nadu State Veterinary Practitioners Register and that I may be furnished with a Certificate of Registration.

**\*Kindly Register in the link Kalnadaimaruthuvar.in**

**\*Registering in the Kalnadaimaruthuvar.in is Mandatory.**

**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 Register able Veterinary qualifications Possessed by applicant,**

Sl no	Qualification	University	College	Passing year & date	Roll. no
1					

**8.** 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.** Whether registered with any other council. : \_\_\_\_\_

If so, attach the NOC from the concerned veterinary council.

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

- ❖ Fee of Rs.2000/- through bank draft drawn in favor of **REGISTRAR, Tamil Nadu State Veterinary Council** Payable at Chennai.
- ❖ Two **Recent Passport size** photographs in Colour.
- ❖ Provisional Certificate (*internship training*) in Original issued by the council.
- ❖ **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 Tamil Nadu, **two attested copies of** Ration card / Aadhar Card / Passport / Driving License
- ❖ In Respect of Online Payments Copy of Receipt may be attached.
- ❖ If the certificate is to be sent back by Regd. Post from this office, they are requested to send total a sum of Rs. 2 100/- (i.e. towards Registration fee Rs.2000/= & Postal charges Rs.100/=)

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 Tamil Nadu in the above address.

***Yours faithfully,***

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

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

**Signature of the Applicant**

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**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,**  
Tamil Nadu State Veterinary Council  
Chennai

