

**C. Particulars of the Seconder :**

1. Countersigned by the Seconder with Full name and address and Sr. No. as mentioned in the Draft Electoral Roll – 2020 (in capital letters).

Please paste  
passport size  
photograph of  
Seconder

(Signature of Seconder with date and place)

Date :

Place :

Remarks of the Registrar of State/UT Veterinary Council :-

Counter signature of the Registrar with remarks ,if any,  
(State/UT Veterinary Council with official seal )

Date :

Place :

Forwarded to :

Secretary, Veterinary Council of India, New Delhi

VETERINARY COUNCIL OF INDIA

FORM A

PROFORMA OF CLAIM FOR INCLUSION OF NAME IN THE ELECTORAL ROLL – 2020  
PREPARED UNDER THE PROVISIONS OF INDIAN VETERINARY COUNCIL RULES,  
1985.

(THIS FORM SHALL BE USED ONLY BY THOSE REGISTERED VETERINARY PRACTITIONER WHOSE NAME HAS BEEN INCLUDED IN THE STATE/U.T. VETERINARY PRACTITIONER REGISTER AND INDIAN VETERINARY PRACTITIONERS REGISTER (IVPR) UPTO 31.3.2019 AS PUBLISHED IN EXTRAORDINARY GAZETTES OF INDIA BUT NOT INCLUDED IN THE DRAFT ELECTORAL ROLL -2020 )

1. Name of Registered Veterinary Practitioner :  
(Name should be written in Capital Letters as recorded in the Indian Veterinary Practitioners Register (IVPR))
2. Father's/Husband's Name :
3. Date of Birth :
4. Name of the State where registered :
5. State Registration Number with date [As mentioned in (IVPR)]
6. Serial Number in IVPR and Year of IVPR :
7. Address to be recorded in Electoral Roll – 2019  
(Please write full address in CAPITAL LETTERS along with State & Pin Code)
8. Mobile No :
9. E-mail ID :

Signature of the Registered Veterinary Practitioner

Date :

Place :

Remarks of the Registrar of the State/UT Veterinary Council :-

Counter signature of the Registrar,  
State/UT Veterinary Council with official seal

Date :

Place :

Forwarded to :

Secretary, Veterinary Council of India, New Delhi

**VETERINARY COUNCIL OF INDIA  
FORM B**

**PROFORMA FOR LODGING OF OBJECTIONS TO AN ENTRY IN DRAFT ELECTORAL ROLL – 2020 PREPARED UNDER THE PROVISIONS OF INDIAN VETERINARY COUNCIL RULES, 1985.**

**A. Particulars of the person against whom objections are being made**

1. Name of Registered Veterinary Practitioner :  
against whom objection for inclusion of name  
in Draft Electoral Roll – 2019 is being made  
(Name should be written in Capital Letters as  
recorded in Draft Electoral Roll – 2020)
2. Father's/Husband's Name in respect of Sr. No.1 above :
3. Date of Birth in respect of Sr. No.1 above :
4. State Registration Number with date :  
[As mentioned in Draft Electoral Roll – 2020  
in respect of Sr. No.1 above]
5. Name of the State where registered :
6. Serial Number of IVPR with year as shown :  
in Draft Electoral Roll – 2020  
in respect of Sr. No.1 above.
7. Present address as mentioned in  
Draft Electoral Roll – 2020 in respect of Sr. No.1 above :
8. Reasons for lodging of objections (please use separate :  
Sheet in case of space is not sufficient)

**B. Particulars of the Objector**

1. Name and address of the Objector as written in  
the Electoral Roll – 2020  
(Please write full name & address in CAPITAL LETTERS  
along with State & Pin Code)

Please paste  
passport size  
photograph of  
objector

2. Serial Number of Draft Electoral Roll – 2020 :  
in respect of Objector at Sr. No. 10 with State Veterinary  
Registration Number with date

(Signature of the objector with date and place)

VETERINARY COUNCIL OF INDIA

FORM C

PROFORMA FOR SUBMISSION OF NAMES OF THE PERSON DELETED FROM THE STATE VETERINARY REGISTER DUE TO DEATH/TRANSFER OF REGISTRATION FROM ONE STATE TO ANOTHER STATE VETERINARY COUNCIL FOR DELETION FROM THE DRAFT ELECTORAL ROLL – 2020.

Sl No.	Name of the Person deleted from the State Register due to death/Transfer of Registration from one State to another State Veterinary Council. (Name should be written in Capital Letters as recorded in IVPR.	Father's/Husband's Name	Date of Birth	State Registration Number with date [As mentioned in (IVPR)]	Serial Number in Draft Electoral Roll and Year of IVPR in which name was published.	Address recorded in Draft Electoral Roll (Please write in Capital Letters)	Reason for deletion of name(s) (Death/Transfer)
1							
2							

Signature of the Registrar,  
State/UT Veterinary Council with official seal

Date :

Place :

Forwarded to :

Secretary, Veterinary Council of India, New Delhi

Note : Separate sheet shall be used in case of large number of information and each page should be signed by the Registrar of the State/UT Veterinary Council.

**VETERINARY COUNCIL OF INDIA  
FORM D**

**PROFORMA FOR CHANGE OF ADDRESS/MOBILE NO. AND E-MAIL ID IN  
ELECTORAL ROLL - 2020 PREPARED UNDER THE PROVISIONS OF RULE 7(4) OF  
INDIAN VETERINARY COUNCIL RULES, 1985.**

1. Name of Registered Veterinary Practitioner :  
(Name should be written in Capital Letters as  
recorded in the Draft Electoral Roll - 2020)
2. Father's/Husband's Name :
3. Date of Birth :
4. Name of the State where registered :
5. State Registration Number with date  
(As mentioned in Draft Electoral Roll - 2020)
6. Serial Number in Draft Electoral Roll - 2020 :
7. Serial Number in IVPR with year as shown  
in Draft Electoral Roll - 2020. :
8. Present address as mentioned in  
Draft Electoral Roll - 2020
9. New address to be changed in :  
Electoral Roll 2020  
(Please write full address in CAPITAL LETTERS  
along with State & Pin Code)
10. Mobile No. :
11. E-Mail Id :

Signature of the Registered Veterinary Practitioner

Date :

Place :

Certified that necessary amendments as per rule 7(4) of the Indian Veterinary Council Rules as provided under Section 23(4) of the Indian Veterinary Council Act, 1984 have been made in the State Veterinary Register.

Signature of the Registrar,  
State/UT Veterinary Council with official seal

Date :

Place :

The Registrar shall satisfy himself/herself and may obtain appropriate document(s) substantiating the claim of change of address from the applicant practitioners and retain such documents in his/her office for record.

Forwarded to:

Secretary, Veterinary Council of India, New Delhi