

Annexure VIII

Quarterly reporting format of all AI Service Provider to be submitted to the Authority by District Deputy Commissioner of Animal Husbandry

1. Name of District:
2. Period of Reporting:
3. Total no. registered AI Service Provider in district:

4. Quarterly Artificial Insemination Report

Sr. No.	Name of AI Service provider	Exotic	Cross Breed	Indigenous	Buffalo	Total
Total						

Date:

Signature of District Deputy
Commissioner of Animal Husbandry