

Annexure VII

Monthly Reporting Format for AI Service Provider

1. Registration No:
2. Date of Issue :
3. Name of the holder of Certificate of Registration:
4. Address of Holder of Certificate:
5. Period of Reporting:
6. Area of operation: State:
Districts:
7. Number of AI technicians engaged with name and Registration No.
8. Sources of semen doses:

Name of semen Station/semen bank	Breed	No. of doses purchased	No. of doses used	No. of doses in stock

9. Usage and stock of semen doses:

[illegible]

10. Monthly Artificial Insemination report

Exotic				Cross Breed				Indigenous				Buffalo				Total			
F	R1	R2	T	F	R1	R2	T	F	R1	R2	T	F	R1	R2	T	F	R1	R2	T

11. Monthly Report of Pregnancy Diagnosis (Artificial Insemination)

Exotic	Cross Breed	Indigenous	Buffalo	Total

12. Monthly Calf Born report (Artificial Insemination)

Indigenous			Cross Breed			Buffalo			Total		
M	F	T	M	F	T	M	F	T	M	F	T

Place :
person
Date :

Name of Authorised

Signature