Annexure VII

Monthly Reporting Format for Al 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 Al technicians engaged with name and Registration No.
- 8. Sources of semen doses:

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

9. Usage and stock of semen doses:

Sr No	Details	HF 100%	HF 75%	HF 50%	JY 75%	Gir	Khillar	Murrah	P. Puri	Total
1	Opening balance of semen doses at the beginning of month									
2	Frozen semen doses received in the month									
3	Total frozen semen doses used in the month for artificial insemination									
4	Frozen semen doses used for quality testing during the month									
5	Frozen semen doses wasted in a month									
6	Total semen doses used in a month(3+4+5)									
7	Frozen semen doses remaining at the end of the month.									

10. Monthly Artificial Insemination report

	Exc	otic		(Cross	Bree	d	Indigenous			Buffalo				Total				
F	R1	R2	Т	F	R1	R2	Т	F	R1	R2	Т	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				ed]	Buffalc)	Total			
M	F	T	M	F	T	M F T		M	F	T		

Name of Authorised

person

Date: Signature