Annexure VI

Maharashtra Bovine Breeding Authority

(Under The Maharashtra Bovine Breeding Act- 2023)

Annual / Half yearly Report (For Semen Station)

[See rule 12(2)]

- 1. Registration No:
- 2. Date of Issue:
- 3. Name of the holder of Certificate of Registration:
- 4. Address of the Holder of Certificate:
- 5. Name of Semen Station:
- 6. Address of Semen Station:
- 7. Period of reporting:
- 8. Capacity of Semen Production (Semen doses in lac) during the year:
- 9. Capacity utilization of single bull pens (%) during the year.
- 10. Total Number of bulls remained under semen collection during the year:

11. Breed wise classification of number of bulls under collection during the year

Sr. No.	Breed	No. of bulls Under rearing	No. of bulls Under training	No. of Young bulls under production	No. of Mature bulls under production	Total
1	Total Cow					
	Bull					
2	Total Buffalo					
	bull					
	Total					

12. Quarantine facility:

- Does the Semen Station have a quarantine facility? : Yes/No
- Address of quarantine house and distance from semen station:
- No. of bulls quarantined during the period:

13. Rearing facility:

- Has the semen station a rearing station? Yes/No
- No. of bulls in rearing station:

14. Production details of Certified bulls under semen collection:

Bull UID	Breed	Number of collection in six month	No. of Doses Produced	No. of Doses sold/distributed	No. of doses in stock

15. Herd Strength for the period

Detail	Opening Balance	Received	Died/ Culled	Transferred/ supplied	Closing balance
Males				•	
Quarantine					
Rearing					
Training					
Collection					
Layoff					
Isolation					

16. Details of diagnostic tests conducted for the entire herd:

Disease	Date of	No. of	No. of	Disposal	Date of	No. of	No. of	Disposal
	testing-	animal	Animal	Details	testing-	animals	animals	details
	1	Tested	found		2	tested	found	
			positive				positive	
TB								
JD								
Brucellosis								
IBR								
Campylo								
Tricho								
BVD								

17. Semen stock report

cincii stock report						
Date	No. of semen doses approval for sale	Breed	No. of doses purchased/ produced	No. of doses sold/supply	No. of doses in stock	

18. Sale Performance

Sale book no. used for sale of semen doses	Sr. no. of pages of sale book used for sale of semen doses	Registration no. of Semen Bank or Artificial Insemination technician to whom semen straws sold	Name of Semen Bank or Artificial insemination technician to whom semen straws sold

19. Quality Assurance

No. of straws tested for post	No. of straws failed the	No. of straws discarded
thaw quality on random	quality testing (also give	(Batch and date)
sampling basis at the time of	batch and date)	
sale or a particular interval		

20. Quality control officer Name:	
Education Qualification:	
21. Liquid Nitrogen Gas purchase detail:	
Quantity of Liquid Nitrogen Gas Purchased during the period	Source of Liquid Nitrogen Gas
maintenance contract (attached separately 23. Biosecurity protocol of semen station(atta 24. Employee details along with Educationa attached separately)	ached separately) al qualification and experience of the staff (
25. Individual Bull Production Record(attackBull Registration No.:	ned separately)
 Unique Id: Date certificate issued: Name of Semen Station/Owner: 	
 Name of Semen Station/Owner. Address of Semen Station: Bull ID No.: 	
Breed of Bull:Vaccination record:	

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Period

• Total No. of doses produced during previous year:

Test conducted and their reports (attached)

- Total No. of doses produced during this year
- Post thaw QC Discard %

I hereby undertake to comply with all the provisions of the Maharashtra Bovine Breeding Act, 2023.

No. of collection

Remarks

I certify that all production, purchase, sale and storage of semen is as per the Provisions of Central Monitoring Unit, Department of Animal Husbandry & Dairying (DAHD), Government of India. Semen bank /Artificial Insemination technicians getting semen straws from us meet the criteria of qualification and experience prescribed by the Authority to perform artificial insemination in bovines and are registered with the Bovine Breeding Authority. We also certify that all information provided above is true.

Date:	Name and sign of Authorized Person
Place:	Designation: