



Ministry of Agro Industry and Food Security

Small Farmers Welfare Fund

Agricultural Calamity Solidarity Scheme – Breeder (ACASS)

PROPOSAL FORM: _____ /14

1. Proposer

1.1 SFWF Reg. No

1.2 Surname:

1.3 Forename:

1.4 Address:

1.5 Phone No:

1.6 Mobile:

1.7 Farm Address:

2. Details of animals to be covered* under the Scheme

S/N	Tag No.	Age	Sex	Status	Contribution/head (Rs)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					

S/N	Tag No.	Age	Sex	Status	Contribution/head (Rs)
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
				Total	

*The coverage will be effective after inspection of the farm.

3. Declaration: Ideclare and warrant that the above information provided in every respect is true and correct and I have not withheld any information likely to affect the acceptance of this proposal. I have been informed that support will be payable to me under the ACASS up to a maximum of four (4) heads as a result of diseases, including death caused during the period of gestation. I have also been informed that the cover does not include death caused by accident. I take the responsibility to inform the SFWF on death of animal, fill a claim form and produce a Death Certificate specifying the cause of death from the Division of Veterinary Services (DVS).

Signature of Proposer:

Date:...../..... /.....

Name of Registering Officer:

Date:/..... /.....

Signature of Registering Officer:

IMPORTANT: The issue of this proposal form and its completion does not in any way signify that ACASS has become effective. The coverage will be effective one (1) week after farm visit report and certification of animals.