**ANIMAL WELFARE BOARD OF INDIA**

Ministry of Fisheries, Animal Husbandry and Dairying, Govt. of India

(Department of Animal Husbandry and Dairying)

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# Application Form for Project Recognition for Animal Birth Control Program

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| **Organization Details** | | |
| (a) | Name of the Organization |  |
| (b) | AWBI Recognition Code |  |
| (f) | Complete Address of the Organization |  |
| (g) | Contact Number |  |
| (h) | Email ID |  |

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| **STEP 1: Details of the ABC Project(s)** | | | | | | | | | | | | | | | | | | | | | | | |
| (a) | Name of the Project | | | | | | | | | | | |  | | | | | | | | | | |
| (b) | Address of the ABC Facility | | | | | | | | | | | |  | | | | | | | | | | |
| (c) | State | | | | | | | | | | | |  | | | | | | | | | | |
| (d) | District | | | | | | | | | | | |  | | | | | | | | | | |
| (e) | Pin Code | | | | | | | | | | | |  | | | | | | | | | | |
| **STEP 2: Details of infrastructure/facilities available with the organization to implement the proposed scheme** | | | | | | | | | | | | | | | | | | | | | | | |
| (a) | Whether Dispensary with operation theatre  is available? | | | | | | | | | | | *<Yes/No>* | | | | | | | | | | | |
| (b) | Does the agency have vehicle(s) for transport of the dogs? | | | | | | | | | | | *<Yes/No>* | | | | | | | | | | | |
| (c) | Does the agency employ a GPS-based tracking system to monitor the daily capture and return  of the dogs and the overall geographic coverage of the ABC program? | | | | | | | | | | | *<Yes/No>* | | | | | | | | | | | |
| (d) | Whether Storage Room for medicines and equipment available? | | | | | | | | | | | *<Yes/No>* | | | | | | | | | | | |
| (e) | Whether kitchen and washroom area available for preparation of dog food and cleaning of kitchen utensil and dog bowls? | | | | | | | | | | | *<Yes/No>* | | | | | | | | | | | |
| (f) | Whether suitable staff accommodation facility available for 24hr supervision by veterinary/ Para-veterinary staff of ABC program? | | | | | | | | | | | *<Yes/No>* | | | | | | | | | | | |
| (g) | Pre-operation preparation area | | | | | | | | | | | *<Available/Not Available>* | | | | | | | | | | | |
| (h) | Air-conditioning in OT | | | | | | | | | | | *<Available/Not Available>* | | | | | | | | | | | |
| (i) | Drainage System | | | | | | | | | | | | *<Available/Not Available>* | | | | | | | | | | |
| (j) | Room/Area for cleaning and Sterilizing instruments | | | | | | | | | | | | *<Available/Not Available>* | | | | | | | | | | |
| (k) | Cautery Machine | | | | | | | | | | | | *<Available/Not Available>*  *Number:* | | | | | | | | | | |
| (l) | Steel Surgical operating table | | | | | | | | | | | | *<Available/Not Available>*  *Number:* | | | | | | | | | | |
| (m) | Shadow less lights for each operating table | | | | | | | | | | | | *<Available/Not Available>*  *Number:* | | | | | | | | | | |
| (n) | Instrument Trays | | | | | | | | | | | | *<Available/Not Available>*  *Number:* | | | | | | | | | | |
| (o) | Kidney Trays | | | | | | | | | | | | *<Available/Not Available>*  *Number:* | | | | | | | | | | |
| (p) | Trolleys for instruments | | | | | | | | | | | | *<Available/Not Available>*  *Number:* | | | | | | | | | | |
| (q) | Cupboards to stock essential medicines | | | | | | | | | | | | *<Available/Not Available>*  *Number:* | | | | | | | | | | |
| (r) | I/V stands | | | | | | | | | | | | *<Available/Not Available>*  *Number:* | | | | | | | | | | |
| (s) | UV lamps | | | | | | | | | | | | *<Available/Not Available>*  *Number:* | | | | | | | | | | |
| (t) | Emergency medicine kits | | | | | | | | | | | | *<Available/Not Available>*  *Number:* | | | | | | | | | | |
| (u) | Surgical scrub sinks, wash taps and waste bins | | | | | | | | | | | | *<Available/Not Available>* | | | | | | | | | | |
| (v) | 24 hr water and electricity supply | | | | | | | | | | | | *<Available/Not Available>* | | | | | | | | | | |
| (w) | Stretchers | | | | | | | | | | | | *<Available/Not Available>*  *Number:* | | | | | | | | | | |
| (x) | Refrigerator | | | | | | | | | | | | *<Available/Not Available>*  *Number:* | | | | | | | | | | |
| (y) | Autoclave | | | | | | | | | | | | *<Available/Not Available>*  *Number:* | | | | | | | | | | |
| (z) | No. of sets of surgical instruments available | | | | | | | | | | | |  | | | | | | | | | | |
| **STEP 3: Details of Kennel area and facilities available** | | | | | | | | | | | | | | | | | | | | | | | |
| (a) | | No. of Kennels | | | | | | | | | | |  | | | | | | | | | | |
| (b) | | Total Kennel Area (in sq. feet) | | | | | | | | | | |  | | | | | | | | | | |
| (c) | | Capacity of each Kennel | | | | | | | | | | |  | | | | | | | | | | |
| (d) | | Availability of adequate ventilation, temperature control, lighting and water source points? | | | | | | | | | | | *<Available/Not Available>* | | | | | | | | | | |
| (e) | | Method of identifying the sterilized Dogs *(e.g. Ear Notching)* | | | | | | | | | | |  | | | | | | | | | | |
| **STEP 4: Source of catching and releasing of dogs** | | | | | | | | | | | | | | | | | | | | | | | |
| (a) | | If caught and released by NGO itself? | | | | | | | | | | | *<Yes/No>* | | | | | | | | | | |
| (b) | | If MoU signed with Municipality/ Municipal corporation /AWO? | | | | | | | | | | | *<Yes/No>* | | | | | | | | | | |
|  | | If Yes:  Copy of MoU | | | | | | | | | | |  | | | | | | | | | | |
|  | | or Expected date of signing of MoU | | | | | | | | | | |  | | | | | | | | | | |
| **STEP 5: Details of ABC Operations carried out** | | | | | | | | | | | | | | | | | | | | | | | |
| (a) | | ABC operations in last 5 years *(year-wise details)* | | | | | | | | | | | | | | | | | | | | | |
|  | | **Financial Year** | | | | | | | **Male Dogs** | | | | | | | | **Female Dogs** | | **Total** | | | | |
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| (b) | | Monthly capacity for carrying out ABC program | | | | | | | | | | | | |  | | | | | | | | |
| (c) | | For how many years, ABC operations are being carried out | | | | | | | | | | | | |  | | | | | | | | |
| **STEP 6: Details of Staff for implementing ABC program**  Veterinarians: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Name** | **Designation** | | **Age** | **Address** | | **Email** | | | **Contact No.** | | | **State Registra**  **-tion No.** | | **VCI**  **Registration certificate** | | **Training/ Experience Certificate for ABC surgery** | | | **Type** *(Full Time/Part Time)* | |  |
|  |  | |  |  | |  | | |  | | |  | |  | |  | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| Other Staff including paravets: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Name** | | **Designation** | | | **Age** | | | **Qualification** | | | | | | | **Proof of Qualifi cation** | **Training/ Experience Certificate** | | **Type** *(Full Time/Part Time)* | |  | |
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| (a) | Proposed total number of animals to be sterilized or targeted and immunized in the current year | | | | | | | | | | |
|  | |  |  |  | | --- | --- | --- | | **Male Dogs** | **Female Dogs** | **Total** | |  |  |  | | | | | | | | | | | |
| (b) | Total expenditure to be incurred for the purpose | | | | | |  | | | | |
| (c) | Grant-in-aid received from any other Agency/Govt./Dept., if any for the same purpose | | | | | | | | | | |
|  | **S. No.** | | **Amount** | | **Received from** | | | | |  |
|  | |  | |  | | | | |
|  | |  | |  | | | | |
| (d) | Whether entered into MoU with Municipality/Municipal corporation/ AWO for conducting sterilization or proposed date of signing MoU? | | | | | *<Yes/No>* | | | | | |
|  | ***If Yes,*** Copy of MoU | | | | | *<Attachment>* | | | | | |
| (e) | Whether dog population survey conducted in the area where ABC is proposed to be conducted by the Municipality / Animal Husbandry Department. | | | | | *<Yes/No>* | | | | | |
|  | ***If yes:*** | | | | |  | | | | | |
|  | Year of Survey | | | | |  | | | | | |
|  | No. of Animals | | | | |  | | | | | |
|  | ***If No:*** | | | | |  | | | | | |
|  | Describe how the number of dog has been determined | | | | |  | | | | | |
| (f) | Details of the other collaborating AWOs in this project | | | | | | | | | | |
|  | **S.**  **No.** | | **Name of the AWO** | | **Address** | | | **Mobile No.** | | **Email** | |
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| (g) | Details of Monitoring Committee | | | | | | | | | | |
|  | **S.**  **No.** | | **Name of the committee member** | | **Address** | | | **Mobile No.** | **Email** | | |
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| (h) | Maintenance of Records as per ABC Module | |
| (i) | Dog pickup and release record |  |
| (ii) | OT record duly signed by qualified and trained Veterinarian |  |
| (iii) | Post operative Care record |  |
| (iv) | Quarantine facility record |  |
| (v) | Post mortem report |  |
| (vi) | Dog death in the campus signed by jurisdiction veterinary officer |  |
| (vii) | Medicine Inventory |  |
| (ix) | Attendance Record |  |
| (x) | Surgical stock records |  |
| (xi) | Anesthesia stock records |  |
| (xii) | Accounting records |  |
| (xiii) | Organ Counting Record |  |
| (xiv) | Feeding Record |  |
| (xv) | Disinfection records of the premises |  |
| (xvi) | Log book of catching Van |  |
| (xvii) | Entry Exit of Vehicle or personal in the Centre |  |
| (i) | Additional information, if any |  |
| (j) | Additional document, if any |  |