



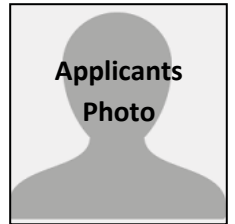
**Application Form for**  
**Micro Skillpreneurship Development**  
Programat\_\_\_\_\_



From \_\_\_\_\_ To \_\_\_\_\_

Organized by **EDII** & Sponsored by **ACCENTURE**

In Association with **KOSISH\_**



**Name of the Applicant:** \_\_\_\_\_

**Residential Full Address (Compulsory):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Age:** \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_ **Aadhaar/VoterID/PAN Number:** \_\_\_\_\_

**Gender:**  Male  Female  Others

**Category:**  SC  ST  OBC  General  Minority

**Education:**  <10th  10th  12th  Diploma  Graduation

**Regional Demographic:**  Urban  Peri Urban  Rural  Tribal

**Specially Abled:**  Yes  No

**Present Occupation:**

House Wife  Service  Agriculture  Self Employed  Others

**Present Monthly Income Level in Rupees:**

< 5,000  5,000 to 10,000  > 10,000

**Specify Amount in Rupees:** \_\_\_\_\_

- Have you identified any Business Opportunity?
- Why do you want to attend this program?
- How much money you can invest in your business?
- What kind of support are you looking for in this program?

**I hereby declare that all the information mentioned above is true as per the best of my knowledge.**

**Date:** \_\_\_\_\_

**Signature of Applicant:Signature of Implantation Partner with Seal**

**Full Name**\_\_\_\_\_

**Designation**\_\_\_\_\_

**Note: Please collect Two nos. of passport size photo and Aadhar Card photocopy for address verification from each of the Applicants.**