



MSDP2023-24 Application Form

Micro Skillpreneurship Development Program										Location				Photo																		
From / / 2023 To / / 2024																																
Organized by EDII & Sponsored by Accenture																																
In Association With :																																
1	Name of the Applicant																															
	Father / Husband name																															
	Address for Communication						Door No		Street Name																							
															PINCODE:																	
2	Age:												3.	Gender		Female			Male													
	Date of Birth																															
4	Mobile Number						1.						2.																			
5	E-Mail id																															
	If mail id is not available, later stage creates and update																															
6.	Aadhar / Voter Id Number:																															
7	Education Qualification		Below 10 th				10 th				12 th				Dip				Graduate		Graduate and above											
8	Category		SC				ST				OBC				Minority				General													
9.	Regional Demographic				Rural								Urban								Peri Urban								Tribal			
10	Specially abled				Yes				NO				11.																			
11	Married								Unmarried								Widow								Separated							
12	Present Occupation		House wife				Agriculture				Service				Self employed				Others													
13	Present Monthly income				Below 5000								5000 To 10000								More then 10000											

14	Bank Account Number					Name of the Bank / Branch IFSC code					
	Are you availed any loan from bank provide the details : YES / NO If yes provide the details										
15.	UPI (Google/ Phone/ Etc.) pay account no if any: If UPI (Google/ Phone/ Etc.) pay account is not available later stage create and update in the form										
16	Are you member of any SHG	Yes		No		SRLM		TNRTP		NULM	
	Are availed any loan (attach the proof if any)	Yes		No		Loan amount		Date:			
	Name of the Group										
17	Have you Identified any Business opportunity?										
18	Why do you want to attend this program?										
19	How much money you can invest in your business?										
20	What kind of support are you looking for in the program?										

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

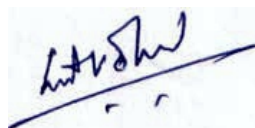
Date:

Signature of Applicant

Signature of Implementing partner with seal
Full Name: Mr. RABINDRA GOUDA
Designation: Chairman cum Managing Trustee

Full Name of the EDII Program Coordinator: SAIKAT SUTRADHAR

Signature of the EDII Program Coordinator:



As EDII Coordinator of this program I verified above information provide in the application, During Interview .