

Yuvaan Micro India Foundation

Advisor Name.....

Date: 24/4/2022

Title Mr. ☐ Ms. ☐ Mrs. ☐

Name

me जी. सलीम

Father's Name

Teacher's Name मीरुमय खली

Aadhaar No.

3	4	8	2	6	1	2	1	8	4	2	7
---	---	---	---	---	---	---	---	---	---	---	---

Customer Address:

गली दाभा के सामने कोरु साहब की गली



n across your
Applicant and
or)

Loan amount Required for Rs.

		1	0	0	0	0
--	--	---	---	---	---	---

Loan Tenure Required (Days/Months)

			1	0	0
--	--	--	---	---	---

- OWNERSHIP ☐ Company Provided ☐ Rental ☐ Parents/ Relatives
☐ Self owned ☐ Other

- Permanent Residential Address

[illegible]

PINCODE

CITY

State

30400

			TOWN	2			
--	--	--	------	---	--	--	--

RAJASTHAN