## **Application Form**

## Yuvaan Micro India Foundation

Applicant Id	Advisor Name	Date: 30,01,22
ABOUT ME		
Title Mr. Ms. Ms. M	rs.	
Name	17/ 77/	(a)
Father's Name	CA GOMI	
Aadhaar No.	64902239763	<u>// *                                  </u>
Customer Address:	गरी का साहल्या पकरी है। का	
MY REQUIREMENTS  Loan amount Required	d for Rs.	
Loan Tenure Require	ed (Days/Months) 1 0 0	
RESIDENCE ACCOMO		
• OWNERSHIP D	Company Provided Rental Parents/ Relat	rives
	Self owned Other	
ADDRESS DETAILS		
Permanent Reside	CITY State	PHIERON)