

Application Form

Yuvaan Micro India Foundation

Applicant Id.....

Advisor Name..... डॉ. किराजी

Date: 8-9-22

ABOUT ME

Title Mr. ☐ Ms. ☐ Mrs. ☐

Name

कुशी लाल कीर

Father's Name

कैलाश कीर

Aadhaar No.

407136930335



Customer Address:

कैलाश कीर कीर का मोहल्ला जहाजपुर श्रीवास्त

MY REQUIREMENTS

Loan amount Required for Rs.

20000

Loan Tenure Required (Days/Months)

240

RESIDENCE ACCOMODATION

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

ADDRESS DETAILS

Permanent Residential Address

कैलाश कीर, कीर का मोहल्ला जहाजपुर, श्रीवास्त

PINCODE

CITY

State

304804

Deoli

Rajasthan

20100-12001200 = 17600

किराजी