Application Form

Yuvaan Micro India Foundation

Applicant Id	Advisor Name	Date: 29 9 22
ABOUT ME		
Title Mr. Ms.	Mrs. 🗌	
Name	ए के आर की र	
Father's Name	णिया कीर	
Aadhaar No.	70926347920	
Customer Address:	किर जारण्या, देवर हैं। क	
MY REQUIREMENTS Loan amount Requir	ed for Rs. 2000/	
Loan Tenure Requi	red (Days/Months)	4
RESIDENCE ACCOM		
OWNERSHIP	Company Provided Rental Parents/ Relati	ives
	Self owned Other	
ADDRESS DETAILS	***	
Permanent Resident		
PINCODE	CITY State	
904804	2 eoli RaJas	+497

20000 - 1200 - 1200 = 176001-