Application Form

Yuvaan Micro India Foundation

Applicant Id	Advisor Name TINKIT	Date: 11-9-22
ABOUT ME		
Title Mr. Ms.	Mrs.	7
Name of a \$1 of		
Father's Name		gn across your (Applicant and or)
Aadhaar No.	533668026459	
Customer Address:	शएक और भीर मोहलला हेवली, होव	
MY REQUIREMENTS		
Loan amount Requi	ired for Rs.	
Loan Tenure Required (Days/Months) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
RESIDENCE ACCOMODATION		
• OWNERSHIP	Company Provided Rental Parents/ Relatives	
	Self owned Other	
ADDRESS DETAILS	-	
• Permanent Resid	dential Address CITY State	
304804	Deoli RasastI	nan

20000 - tile = 19200