## **Application Form**

## Yuvaan Micro India Foundation

Applicant Id	Advisor Name Kulley Cumje	»Yr	Date:3/11/22
ABOUT ME			
Title Mr. Mrs. Mrs. Mrs.			
Name	V Lodke		
Father's Name	edha !		
Aadhaar No.	533425884	FUNCTION	
Customer Address:	ligali Samon de	jner	
MY REQUIREMENTS			
Loan amount Required for R	s. 20000/		
Loan Tenure Required (Day			*
RESIDENCE ACCOMODATION	<u>¥</u>		
• OWNERSHIP Compan	ny Provided Rental	☐Parents/ Relatives	
☐ Self own	ned Other		
ADDRESS DETAILS			
Permanent Residential Act	ddress	2	
Chariyali 3	CITY	State	
305407	Christypeli	Resporthern	

20000 - 1200 - 1200 2 17600/2