

Application Form

Yuvaan Micro India Foundation

Applicant Id.....

Advisor Name.....

Date: 21-8-202

ABOUT ME

Title Mr. ☒ Ms. ☐ Mrs. ☐

Name

विठ्ठल शिंदे

Father's Name

विठ्ठल शिंदे

Aadhaar No.

40 40 64 75 19 62



Sign across your
(Applicant and
Advisor)

Customer Address:

श्री श्री गंगाराम वसिष्ठ रीडिंग (होम)

MY REQUIREMENTS

Loan amount Required for Rs.

1 0 0 0 0

Loan Tenure Required (Days/Months)

1 0 0

RESIDENCE ACCOMODATION

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

ADDRESS DETAILS

- **Permanent Residential Address**

श्री श्री गंगाराम वसिष्ठ रीडिंग

PINCODE

CITY

State

304001

पोंके

ता. 52 भा. 1

10000- लोन = शिफा = 500 = सिद्धा = 500 = (पिछला) का 3600