

**PM Vishwakarma**

(Registration Form)

**Personal Details**

Full Name	Father/Spouse Name	Date Of Birth
<b>Dharani Rudra Sarma</b>	<b>Sonatan Rudra Sarma</b>	<b>31-12-1963</b>
Marital Status	Gender	Category
<b>Married</b>	<b>Male</b>	<b>OBC</b>
Divyangjan	Business in same state?	
<b>No</b>	<b>No</b>	
Business in same district?	Minority?	
<b>No</b>	<b>No</b>	

**Contact Details**

Mobile No.	Aadhaar No.	PAN Card
<b>9854904853</b>	<b>XXXXXXXX4883</b>	<b>N.A.</b>

**Family Details**

Ration Card No.		
<b>N.A.</b>		
Name	Relationship	Aadhaar No.
<b>DHARANI RUDRA SARMA</b>	<b>SELF</b>	<b>xxxxxxxx4883</b>

**Aadhaar Address**

Aadhaar Address

**C/o: C/O: Sonatan Rudra Sarma Loc: ward no-8 vtc: Hailakandi Subdist: Hailakandi Street: hori om mandir lane State: Assam po: Hailakandi pc: 788151 dist: Hailakandi Country: India**

State	District	Pin code
<b>ASSAM</b>	<b>HAILAKANDI</b>	<b>788151</b>
Do you Come under Gram Panchayat?	Name of ULB	
<b>No</b>	<b>Hailakandi</b>	

**Current Address**

Current Address

**C/o: C/O: Sonatan Rudra Sarma Loc: ward no-8 vtc: Hailakandi Subdist: Hailakandi Street: hori om mandir lane State: Assam po: Hailakandi pc: 788151 dist: Hailakandi Country: India**

State	District	Pin code
<b>ASSAM</b>	<b>HAILAKANDI</b>	<b>788151</b>
Do you Come under Gram Panchayat?	Name of ULB	
<b>No</b>	<b>N.A.</b>	

**Profession/ Trade Details**

Profession / Trade Name

**Goldsmith (Sunar)**

Business Address

**C/o: C/O: Sonatan Rudra Sarma Loc: ward no-8 vtc: Hailakandi Subdist: Hailakandi Street: hori om mandir lane State: Assam po: Hailakandi pc: 788151 dist: Hailakandi Country: India**

Business State	Business District
<b>ASSAM</b>	<b>HAILAKANDI</b>

Saving Bank Details		
Name of Bank	IFSC Code	Name of Branch
RRB Assam GVB	PUNBORRBAGB	KalibariRoad
Account No.	Confirm Account No.	
XXXXXXXXXXXX1276	7336010001276	

Credit Support		
Do you want Credit Support?	Loan Amount Required (1st Tranche)	Preferred Bank to Take Loan
Yes	100000	RRB Assam GVB
Preferred Branch to Take Loan	Loan Purpose	Purchase of Equipments
KalibariRoad	Yes	Yes
Working Capital / Operating Expenses	Business Expansion	Outstanding Amount (in Rs.)
No	Yes	N.A.
Existing Loan	Monthly EMI Amount (in Rs.)	Total Monthly Family Income (in Rs.)
N.A.	N.A.	N.A.

Digital Incentive Details		
Are you Digitally Active?	UPI ID	UPI ID Linked Mobile Number
No	N.A.	N.A.

**Skill Training**

You are eligible for skill training for below training programmes.

- Basic (5 Days) Skill Training
- Advance (15 Days) Skill Training

Tool Kit
Once you are registered and skill training certified you will be given a grant of ₹15,000

Marketing Support	
Marketing Support question that applies to your business expansion	
Participate in Exhibitions and Trade Fairs	
Logistics support Required	
Brand Building Support Required	

## Declaration Details

### Declaration and Authorization

1. I hereby declare that I am engaged in the trade as indicated in the application form.
2. I hereby declare that apart from myself, no other member of my family has registered for PM Vishwakarma and that no member of my family is in government service.
3. I have no objection to authenticate my Aadhaar number, share the same with other Ministries / Departments under the Government of India or the State Government for the purpose of extension of benefits under any of their Schemes, carry out e-KYC and accessing my credit history & credit score from credit bureau by the lenders and their authorized agents. The consent and purpose of collecting Aadhaar has been explained to me in local language. MoMSME/Lending Institution has informed me that my Aadhaar submitted herewith shall not be used for any purpose other than mentioned above, or as per requirements of law. I have been informed that this consent and my Aadhaar will be stored along with my account details with MoMSME or their authorised agent as per the extant law.
4. I hereby agree that my application may also be processed for availing Udyam Assist Certification which will enable me for Priority Sector Lending (PSL) benefits.
5. I hereby declare that information given above is true to the best of my knowledge. I am well aware of the fact that, if the information given by me is proved false/not true, I will be liable for action as per the law. Also, all benefits shall be summarily withdrawn.

Date : 10/12/2023

Signature of Applicant(s)

Place : HAILAKANDI