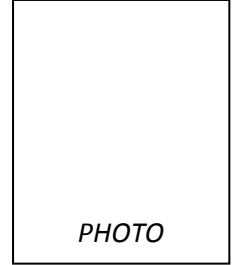


APPLICATION FORM FOR ENTREPRENEURSHIP DEVELOPMENT PROGRAMME SCHEME



**GOVERNMENT OF INDIA
MSME- Development institute
Industrial Estate, Takyelpat Imphal-795001(MANIPUR)
ENTREPRENEURSHIP DEVELOPMENT PROGRAMME (EDP)
REGISTRATION FORM**

Name of the Programme :	
Venue	:
Period	: From To:

BIO-DATA

1. Name (Mr. /Mrs. / Kum.): (in block letter)	
Father's / Husband's name:	
2. * Date of Birth / Age:	
3. a) Address for Correspondence:	
b) Permanent address if different:	

4. a) Phone no. with STD / * Cell No. b) e-mail ID if available:	
5. * Category: (Please tick mark)	SC / ST / BC / Min. / PH / Gen.
6. a) Educational / Technical Qualifications: b) Work experience if any:	
7. Present status: (Please tick mark)	Student / Unemployed / Employed / House Wife / Business
8. Course fee Paid & TR 5 No Date:-	

*** (copy of certificate for SC/ST/Min/PH Category should be enclosed)**

* (copy of Date of Birth certificate should be enclosed)

(Programme Coordinator), MSMEDI, Imphal

Signature of the Candidate