CNR/Trg-16/2017/2556 Date: 04 September 2017

**TRAINING ON AGRO-BASED ENTREPRENEURSHIP DEVELOPMENT**

**APPLICATION FORM**

1. **GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| FULL NAME | FIRST | | MIDDLE | | | LAST | |
|  | |  | | |  | |
| ADDRESS | PRESENT (FOR COMMUNICATION) | | | | | | |
|  | | | | | | |
| PERMANENT | | | | | | |
| VIILALGE | GEWOG | | | | DZONGKHAG | |
|  |  | | | |  | |
| DATE OF BIRTH | DATE | MONTH | | | | YEAR | |
|  |  | | | |  | |
| AGE |  | | | | YEARS | |
| GENDER  PLEASE TICK (✔) | | MALE | |  | FEMALE | |  |
| CONTACT NUMBER (Mobile No) | |  | | | | | |

1. **EDUCATIONAL QYALIFICATIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please mention only HIGHEST Educational Qualification. Please fill in first box discipline in second box percentage of marks and third box year of passing. | | | | |
| **Sl. No** | **DISCIPLINE** | **PERCENTAGE** | **YEAR** | **REMARKS** |
|  | School Drop Out |  |  |  |
|  | Diploma |  |  |  |
|  | Graduate |  |  |  |
|  | Post Graduate |  |  |  |
|  | Technical |  |  |  |
|  | Management |  |  |  |

* 1. **DETAILS ABOUT ADDITIONAL QUALIFICATIONS/TRAINING PROGRAMMES ATTENDED:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No** | **Name of Institution** | **Nature of Training** | **Duration** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **FAMILY BACKGROUND**

|  |  |  |  |
| --- | --- | --- | --- |
| Father’s/Husband’s/Wife’s Occupation |  | | |
| Is anybody from your family in business or industry? (✔) | | **Yes** | **No** |
| If Yes, please mention nature of business/industry and at which place? | | | |
|  | | | |
| Your financial responsibility in the family. | | | |
|  | | | |

1. **WORK EXPERIENCE (Past & Present)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Organisation** | **Nature of Work** | **Duration** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. **YOUR CURRENT OCCUPATION (TICK (✔) WHICHEVER IS APPLICABLE)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student | Self-employed | | House wife | | Apprentice | | Own Business | | | Others- Specify | |
|  |  | |  | |  | |  | | |  | |
| Have you made any attempt to start/ run a business or industry? | | | | | | | | **Yes** | | | **No** |
| If Yes, please name the business and indicate its present status | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Have you identified any project? | | | | | | | | **Yes** | | | **No** |
| If Yes, name the project identified? | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Mention the reasons for selecting this project. | | | | | | | | | | | |
| 1. T | | | | | | | | | | | |
| If you have not decided, what would be your area of interest? (Tick (✔) | | | | | | | | | | | |
| **Production** | | **Manufacture** | | **Service** | | **Trading** | | | **Small Business** | | |
|  | |  | |  | |  | | |  | | |

1. **REASONS FOR NOT ESTABLISHING OWN PROJECT UNTIL NOW?**

|  |  |
| --- | --- |
| Due to lack of: | (Tick (✔) |
| Confidence |  |
| Motivation |  |
| Opportunity |  |
| Knowledge regarding Govt. procedure |  |
| Capital |  |
| Fear or Failure/ Loss |  |
| Experience |  |
| Other reasons (Specify): | |

1. **WHAT, ACCORDING TO YOU, WOULD BE YOUR CHANCE OF SUCCEEDING IN BUSINESS? (TICK (✔)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **10%** | **20%** | **30%** | **40%** | **50%** | **60%** | **70%** | **80%** | **90%** | **100%** |
|  |  |  |  |  |  |  |  |  |  |
| Do you think there will be a problem in launching your own enterprise? | | | | | | | | **Yes** | **No** |
| If Yes, please explain the nature of problems and your plans to deal with them: | | | | | | | | | |
|  | | | | | | | | | |

1. **SOURCES OF FINANCE FOR PROJECT (other than loan)**

|  |  |  |
| --- | --- | --- |
| **Sl. No** | **Particulars** | **Amount** |
|  | Own Funds (including family members) |  |
|  | From Friends |  |
|  | From Relatives |  |
| **Total** | |  |

* 1. How will you meet the expenses for livelihood while you are setting up your unit? (Say for next 8 to 10 months)

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 1. **Area of interest** | **Time spent in a week** |
| Games/Sport |  |
| Social: Welfare activity clubs/Social events/Religious activities |  |
| Cultural Hobby: Like Drama etc. |  |
| Reading: General/Newspaper/Magazine/Business & Technical/Leisure reading |  |

1. **ABOUT THE PROGRAMME**

|  |
| --- |
| List out your expectations from the programme?  (What do you expect to gain by attending this course?) |
|  |
| How did you come to know about the programme? |
|  |
| What would you do if you are not selected? |
|  |

Date: \_\_\_\_\_/ September 2017 Signature