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 རང་འབྲུང་འཕེལ་བསྐྱེད་མཐོ་རིམ་སློབ་གྲྭ།
 Royal University of Bhutan
 College of Natural Resources
 Lobesa: Punakha.



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		
	VIIALGE	GEWOG	DZONGKHAG
DATE OF BIRTH	DATE	MONTH	YEAR
	AGE		YEARS
GENDER	MALE		FEMALE
PLEASE TICK (✓)			

2. 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
A.	School Drop Out			
B.	Diploma			
C.	Graduate			
D.	Post Graduate			
E.	Technical			
F.	Management			

2.1 DETAILS ABOUT ADDITIONAL QUALIFICATIONS/TRAINING PROGRAMMES ATTENDED:

Sl. No	Name of Institution	Nature of Training	Duration
1.			
2.			
3.			
4.			
5.			

3. 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.			

4. WORK EXPERIENCE (Past & Present)

Sl. No.	Organisation	Nature of Work	Duration
1.			
2.			
3.			
4.			
5.			

4.1 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					
2.					
3.					
4.					
5.					
If you have not decided, what would be your area of interest? (Tick (✓))					
Production	Manufacture	Service	Trading	Small Business	

5. 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):	

6. 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:									

7. SOURCES OF FINANCE FOR PROJECT (other than loan)

Sl. No	Particulars	Amount
1.	Own Funds (including family members)	
2.	From Friends	
3.	From Relatives	
Total		

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

8. Area of interest

In about 500 words explain why you want to undergo this training. What area of entrepreneurship/business you want to set up. How you will run this business. For whom you are aiming to market your product or services. Who will run the business, Is it an individual or partnership, do you have land or other resources to establish business.

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9. ABOUT THE PROGRAMME

List out your expectations from the programme? (What do you expect to gain by attending this course?)
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How did you come to know about the programme?

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What would you do if you are not selected?
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Date: ____ / September 2017

Signature