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 |
| GENDERPLEASE TICK (✔) | MALE |  | FEMALE |  |

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
2.
3.
4.
 |
| 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**

**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.** |

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