						APPLICANT ID:

APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER SKILLED YOUTH STARTUP SCHEME To The General Manager, DIC (E/N) /(S/W), Government of Sikkim. Gangtok/Jorethang. (Details should be entered in **CAPITAL LETTERS** only) Name of the applicant: 1. Date of Birth: 2. 3. Sex: Voter card: 4. COI no. 5. 6. Father's name /Spouse's Name: 7. Area: Rural...../ Urban..... 8. Communication Address: GPU:..... District:.... Email: Contact No: Address of proposed location of unit:..... 9. Local Body / GPU: BDO Block: Constituency: District: Name of the preferred Bank & Address in the area of Project 10. Sanction:

Bank Name:

Address:					
Qualifications: Academic		Technical			
Whether belongs t Below Poverty Li		•	led (PWD)/ -	PWD / BPL	
Whether the proje Cooperative Regis		_	Sector/ Agric	ulture & Allied/	
Name of the projec	ct / business activ	ity proposed:			
Amount of loan re-	quired.(in Rs):				
	Capital Expendi	ture Loan			T
Building Type (own/leased/ Rented)	Work Shed, Building etc	Machinery & equipment	Pre Operative Cost	Working Capital/Cash Credit Limit	Tot
Details of earlier Govt. Scheme/or a Activity of the Pro	ny other similar s	scheme:		From Central/sta	te
Address					
I certify that all is dependent have r any Central/State	not borrowed any	money under	Subsidy Lin	ked Scheme fro	•
Date:		Name and Sign	ature of the a		

Government of Sikkim Department of Commerce & Industries

Acknowledgement

Received an application from
,
R/O
for consideration under Skilled Youth Start Up Scheme vide following details:
Application ID No
Date of Receipt:

Authorised person
DIC(E/N), Gangtok / DIC(S/W), Jorethang
Commerce & Industries Department