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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)

1. Name of the applicant:
2. Date of Birth:
3. Sex:
4. Voter card:
5. COI no.
6. Father's name /Spouse's Name:
7. Area: Rural...../ Urban.....
8. Communication Address:
GPU:.....
District:.....
Email:.....
Contact No:
9. Address of proposed location of unit :
- Local Body / GPU:
- BDO Block:
- Constituency:
- District:
10. Name of the preferred Bank & Address in the area of Project
Sanction:
Bank Name:.....

**Government of Sikkim
Department of Commerce & Industries**

Acknowledgement

Received an application from.....

.....,

R/O.....

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.....

.....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