



INSTITUTE OF ENTREPRENEURSHIP DEVELOPMENT, ODISHA
(An Institute of MSME Department, Govt. of Odisha)
ENTREPRENEURSHIP DEVELOPMENT PROGRAMME (EDP)



APPLICATION FORM



1. NAME OF THE CANDIDATE (Capital Letter): _____
2. FATHER'S NAME/HUSBAND'S NAME: _____
3. PRESENT ADDRESS: Village: _____ P.O: _____
Block: _____ P.S: _____
District: _____ Pin code: _____
4. PERMANENT ADDRESS: Village: _____ P.O: _____
Block: _____ P.S: _____
District: _____ Pin code: _____
5. PHONE /MOBILE NO.: _____
6. E-MAIL: _____
7. AADHAR No.: _____
8. EDUCATIONAL QUALIFICATION: _____ PASSING YEAR: _____
9. DATE OF BIRTH/AGE: _____ / _____
10. SEX: MALE ☐ FEMALE ☐ TRANSGENDER ☐
11. CATEGORY (Tick Mark Only):

GENARAL	☐	PH	☐
ST	☐	OTHER	☐
SC	☐	MINORITY	☐
OBC	☐		
12. EXPERIENCE IF ANY: _____
13. WRITE ABOUT YOUR INTEREST TO ATTEND THIS PROGRAMME:

14. PROJECT IDENTIFIED (IF ANY): _____
15. INVESTMENT CAPACITY (OWN SOURCE): _____

PLACE:

DATE:

SIGNATURE OF THE CANDIDATE