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| Udyogprerana logo.jpg.jpgShop No. C-24, Yashganga Residency, Near Trimurti Hospital, Dhairy Phata, Pune -411041 (M.S.) India Email: project.atulmardikar@gmail.com, P: +91 20 24392356, M: +91 9011781622 |
| **COUNSELLING REGISTERATION FORM** |
| **PERSONAL INFORMATION** |
| **Full Name** |  |
| **Address** |  |
| **City** |  | **State** |  |
| **Pin code** |  | **Phone No.** |  |
| **Email Id** |  |
| **Mobile No.** |  |
| **Qualification** |  |
|  |
| **ORGANIZATION DETAILS** |
| **Name of the organization** |  |
| **Address** |  |
| **City** |  |
| **Pin code** |  | **Phone No.** |  |
| **Constitution** |  |
| **Name of Partners/Directors** | 1. 2.3. |
| **Purpose of Visit** |  |
|
| **Area of Interest** |  |
|
| **Available Resources** |
| * Land
* Water
* Market Idea
 | * Electricity
* FSSAI License
* Machinery
 | * Shop Act License
* Udyogadhar Memorandum License
 |
| **COUNSELING FEES- ` 15000.00+ SERVICE TAX (APPLICABLE FOR 2 HOURS)** |
| **Terms and Conditions-**  |
| 1. Fees once paid are 100% non-refundable. |
| 2. Counseling with prior appointment only. |
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| I Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declare that above mentioned information is true to my knowledge and I accept the terms and conditions noted above. |
|
| **Signature** |