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| Udyogprerana logo.jpg.jpg  Shop 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. | | | | | | | | |
|  | | | | | | | | |
| I Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declare that above mentioned information is true to my knowledge and I accept the terms and conditions noted above. | | | | | | | | |
|
| **Signature** | | | | | | | | |