DCSH	Reg No. (Office): 02	CSIBER Stude	ent: Y/M
erson	al Details: (Block letters)		
1.	FIRST NAME: MBHIJIT		
	MIDDLE NAME: RAJARAM		
	SURNAME: JADHAY		
4.	DATE OF BIRTH. MAN 11994		The second
5.	ADDRESS: Alp mayale, Tol- Hataleans)e	, Dist - Kolhap	ur
6.	ADDRESS: Ap mayale, Tol- Hataleans e Email ID: abhij HJ 240 Groff (orm Cell No. and alternative No. 9860280609	,	
7.	Cell No. and alternative No. 9860280609		
8.	Aadhar No.		
would	I like to avail following support from the EDCSH-CSIBE	ER in the following	areas:
1.	I have no idea about entrepreneurship and need con	nplete assistance.	[V]
2.	I am willing to participate in the Event/training progr	ram/ workshop. Ye	es [No[]
3.	I am willing to pay Fee. Yes [No [] If yes up to Rs	5000	
4.	I already have a business and want guidance for grove	wth. yes [] No.[y
5.	I have a Family Business:	Yes[]	No [V]
6.	The nature of family Business:		
7.	I want to start a new business.	Yes[V]	No[]
8.	I want help for selecting product/ business idea.	Yes[-]	No[]
	I need seed funding for my business.	Yes[V]	No[]
	I need help for project report preparation.	Yes[🗸	No[]
11.	I need assistance for my product quality improveme	nt. Yes[니	No[]
	I need assistance for marketing.	Yes[V]	No[]
Registr	ration Fee Rs. 200/- paid [] FREE f	for CSIBER Student	s M
lame	and signature of the Receiver:	~ 1.	- T 11
lame	and Signature of the candidate: Roy	aram Jadh	or Zethor
	7 9		7—

MCGISTIATION 15	
EDCSH Reg No. (Office) : 6	CSIBER Student: Y/N
Personal Details: (Block letters) 1. FIRST NAME: ABHISHEK 2. MIDDLE NAME: SANJAY 3. SURNAME: BAGADE 4. DATE OF BIRTH: 19106/1996 5. ADDRESS: AIP, VADANAGE, KARVIR, KOLL 6. Email ID: abhishekbagade 55@gma 7. Cell No. and alternative No. 9765712 8. Aadhar No. 882703272851	
 I would like to avail following support from the EDCSH. I have no idea about entrepreneurship and need. I am willing to participate in the Event/training. I am willing to pay Fee. Yes [] No [) If yes up. I already have a business and want guidance for. I have a Family Business: 	ed complete assistance. [] program/ workshop. Yes [] No[] to Rs or growth. yes [] No.[] Yes[] No []
 The nature of family Business: TRAVELI I want to start a new business. I want help for selecting product/ business idea I need seed funding for my business. I need help for project report preparation. I need assistance for my product quality improduct need assistance for marketing. 	Yes[] No[] a. Yes[] No[] Yes[] No[] Yes[] No[]
Name and Signature of the Receiver: Name and Signature of the candidate: ABHISH	EK SANJAY BAGADE

DCSH Reg No. (Office):	CSIBER Student:	Y/#
1. FIRST NAME: Sayor SAGAR 2. MIDDLE NAME: Radio PRADIP 3. SURNAME: Adagine ABDAGIRE 4. DATE OF BIRTH: 2-12-1998 5. ADDRESS: A/P Ashta dist Sangli dal-valua 6. Email ID: Sayorobdugine 24 @gmeil.com 7. Cell No. and alternative No. 9373881581 8. Aadhar No. 951182089745		
would like to avail following support from the EDCSH-CSIBER	in the following area	s:
 I have no idea about entrepreneurship and need compact. I am willing to participate in the Event/training programment. I am willing to pay Fee. Yes [No [] If yes up to Rs. I already have a business and want guidance for growth. I have a Family Business: The nature of family Business: I want to start a new business. I want help for selecting product/ business idea. I need seed funding for my business. I need help for project report preparation. I need assistance for my product quality improvement 12. I need assistance for marketing. 	m/ workshop. Yes [\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	o[]
Registration Fee Rs. 200/- paid [] FREE fo	r CSIBER Students	
Name and signature of the Receiver:		
Name and Signature of the candidate:		

EDCSH Reg No. (Office):	CSIBER Student: Y/N
Personal Details: (Block letters)	
1. FIRST NAME: AMAR 2. MIDDLE NAME: AJAT 3. SURNAME: DESAI 4. DATE OF BIRTH: 02/63/2998 5. ADDRESS: Wani galli, Ajara 6. Email ID: amardesoi 1998 @gm 7. Cell No. and alternative No. 73878968 8. Aadhar No. 8662 5089 8976	32
I would like to avail following support from the EDCSH-C	SIBER in the following areas:
 I have no idea about entrepreneurship and need I am willing to participate in the Event/training per I am willing to pay Fee. Yes [V] No [] If yes up to I already have a business and want guidance for a language of the person of	rogram/ workshop. Yes [V] No[] o Rs
 The nature of family Business:	Yes[√] No[] Yes[√] No[] Yes[√] No[]
Registration Fee Rs. 200/- paid [] FR	EEE for CSIBER Students [✓]
Name and signature of the Receiver:	
Name and Signature of the candidate: Amav De	Sai Ben

EDCSH Reg No. (Office) :	CSIBER Studer	nt: Y/N
Personal Details: (Block letters) 1. FIRST NAME: ABHISHEIC 2. MIDDLE NAME: BJITSINH 3. SURNAME: KHOT 4. DATE OF BIRTH: 18 SEP 1997 5. ADDRESS: GHOSASRWUD, TAIL-SHIROL, D 6. Email ID: abhilhotiy6@gnuil.com 7. Cell No. and alternative No. 7501859517	EST -KOLHAF	PH
8. Aadhar No. 5708 7234 4352 I would like to avail following support from the EDCSH-CSIBER	in the following a	reas:
 I have no idea about entrepreneurship and need comp I am willing to participate in the Event/training program I am willing to pay Fee. Yes [] No [I f yes up to Rs.] I already have a business and want guidance for growth I have a Family Business: The nature of family Business: 	m/ workshop. Yes 	[√] No[]
 The nature of family Business:	Yes	No[] No[] No[] No[] No[] No[]
Registration Fee Rs. 200/- paid [] FREE for	CSIBER Students	M
Name and signature of the Receiver:		
Name and Signature of the candidate: <u>phhiohele pjik</u>	sinh khot	Much.

DCSH Reg No. (Office) :	CSIBER Studen	t: Y/A-
ersonal Details: (Block letters)		
1. FIRST NAME: ROHIT LAXMAN GANPATE 2. MIDDLE NAME: LAXMAN 3. SURNAME: GANPATE 4. DATE OF BIRTH: O3 Morch, 1998. 5. ADDRESS: Kudache Mala, Ichalkaranji. 6. Email ID: Vohitganpate J8 @gmail.com 7. Cell No. and alternative No. 9921835213, 7020 8. Aadhar No. 903613115972		
would like to avail following support from the EDCSH-CSIBER	in the following ar	eas:
 I have no idea about entrepreneurship and need composition. I am willing to participate in the Event/training programs. I am willing to pay Fee. Yes [] No [√] If yes up to Rs. I already have a business and want guidance for growth. I have a Family Business: The nature of family Business: Textile Business. 	h. yes [] No.[]	No[]
 I want to start a new business. I want help for selecting product/ business idea. I need seed funding for my business. I need help for project report preparation. I need assistance for my product quality improvement I need assistance for marketing. 	Yes[] Yes[] Yes[]	No [] No[] No[] No[] No[] No[]
Registration Fee Rs. 200/- paid [] FREE for	CSIBER Students	M
Name and signature of the Receiver:		
Name and Signature of the candidate: Rohit Lamman	Ganpute (Poli

DCSH Reg No. (Office):	CSIBER Studen	t: Y/IN
ersonal Details: (Block letters)		
1. FIRST NAME: SHUBHAM 2. MIDDLE NAME: HANMANT 3. SURNAME: CHAVAN 4. DATE OF BIRTH: 02 march 1999 5. ADDRESS: Alp Navetched. 6. Email ID: Shubhamchavan2s99@gmail.com 7. Cell No. and alternative No. dddood9809 8. Aadhar No. d2861036d681		
would like to avail following support from the EDCSH-CSIBER i	n the following ar	eas:
 I have no idea about entrepreneurship and need comple I am willing to participate in the Event/training program I am willing to pay Fee. Yes [] No If yes up to Rs I already have a business and want guidance for growth I have a Family Business: The nature of family Business: 	n/ workshop. Yes	[-] No[]
	Yes[L]	No []
	Yes	No[]
 I need seed funding for my business. 	Yes[V]	No[]
10. I need help for project report preparation.	Yes[]	No[]
11. I need assistance for my product quality improvement.		No[]
12. I need assistance for marketing.	Yes[No[]
Registration rec ns. 2007 para []	CSIBER Students	H
Name and signature of the Receiver:		
Name and Signature of the candidate:	howan c	Sim

EDCSH Reg No. (Office):	CSIBER Stude
Personal Details: (Block letters)	
1. FIRST NAME: SUMAS 2. MIDDLE NAME: SURYAKANT 3. SURNAME: MANE 4. DATE OF BIRTH: 31-07-1998 5. ADDRESS: AP, vazache galli, n 6. Email ID: Suhassm 31@gma 7. Cell No. and alternative No. 99216937 8. Aadhar No. 3358 9997 0732	
I would like to avail following support from the EDCSH-C	SIBER in the following areas:
 I have no idea about entrepreneurship and need I am willing to participate in the Event/training p I am willing to pay Fee. Yes [] No [] If yes up to I already have a business and want guidance for I have a Family Business: The nature of family Business: 	complete assistance. [] program/ workshop. Yes [] No[] o Rs
7. I want to start a new business.	1001
8. I want help for selecting product/ business idea.	Yes[No[]
9. I need seed funding for my business.	Yes[No[]
10. I need help for project report preparation.11. I need assistance for my product quality improve	
11. I need assistance for my product quality improves 12. I need assistance for marketing.	Yes[No[]
Registration Fee RS. 200/- paid []	REE for CSIBER Students
Name and signature of the Receiver:	2 -
Name and Signature of the candidate: Suhas S	Suzyakant Mane mane

EDCSH Reg No. (Office):	CSIBER Stud	ent: Y/N
Personal Details: (Block letters)		
1. FIRST NAME: RAHUL 2. MIDDLE NAME: SURESHRAO 3. SURNAME: KADAM 4. DATE OF BIRTH: 27/07/1996 5. ADDRESS: AT/POST - PADALI KHURD. 6. Email ID: 15kadam 27 @ 5mail (om) 7. Cell No. and alternative No. 7774632707 8. Aadhar No. 6228 2920 614/1	TAL-KARVIR, KOP.	
I would like to avail following support from the EDCSH		
 I have no idea about entrepreneurship and need. I am willing to participate in the Event/training. I am willing to pay Fee. Yes [] No [] If yes up. I already have a business and want guidance for. I have a Family Business: The nature of family Business: 	to Rs No.[s [V] No[]
7. I want to start a new business.	Yes[]	No []
8. I want help for selecting product/ business idea	· Yes[]	No[]
I need seed funding for my business.	Yes[\]	No[]
I need help for project report preparation.	Yes[]	No[]
11. I need assistance for my product quality improve	ement. Yes[🗸	No[]
12. I need assistance for marketing.	Yes[V]	No[]
Registration Fee Rs. 200/- paid [] FR	EE for CSIBER Students	M
Name and signature of the Receiver:		
Name and Signature of the candidate:	<u> </u>	

Registration form

DCSH Reg No. (Office) :	CSIBER Student: Y/N
1. FIRST NAME: PANKAJ 2. MIDDLE NAME: AMRUTLAL 3. SURNAME: GUPTA 4. DATE OF BIRTH: 14/02/1998 5. ADDRESS: Jai lasan chowk Teenbat 6. Email ID: guptapankays 28 @gmail. 7. Cell No. and alternative No. 7620489523 8. Aadhar No. I would like to avail following support from the EDCSH-CSI 1. I have no idea about entrepreneurship and need co 2. I am willing to participate in the Event/training pro 3. I am willing to pay Fee. Yes [INO [] If yes up to 14. I already have a business and want guidance for gr	BER in the following areas: omplete assistance. [
 I have a Family Business: The nature of family Business: I want to start a new business. I want help for selecting product/ business idea. I need seed funding for my business. I need help for project report preparation. I need assistance for my product quality improven I need assistance for marketing. 	Yes[] No[] Yes[] No[] Yes[] No[] Yes[] No[]
Registration Fee Rs. 200/- paid []	rutal gupto

Business Idea - Wafers Notebook Shoes.

EDCSH Reg No. (Office) :	CSIBER Student	: V/N
Personal Details: (Block letters)		Photo here
1. FIRST NAME: ARATI 2. MIDDLE NAME: TANARDAN 3. SURNAME: CHAVAN		
4. DATE OF BIRTH: 14 July ==1996 5. ADDRESS: A p KANERIWADI, TAL-KA 6. Email ID: aratichavanezza@gmail-com	RVEER DEST - KO	LHAPUR.
6. Email ID: aratichava n 222 @ gmail-com 7. Cell No. and alternative No. 7774008887		
8. Aadhar No.	SCIRER in the following are	eas:
1. I have no idea about entrepreneurship and need 2. I am willing to participate in the Event/training p. 3. I am willing to pay Fee. Yes [] No [] If yes up to 4. I already have a business and want guidance for 5. I have a Family Business: 6. The nature of family Business: 7. I want to start a new business. 8. I want help for selecting product/ business idea 9. I need seed funding for my business. 10. I need help for project report preparation. 11. I need assistance for my product quality improved 12. I need assistance for marketing.	rogram/ workshop. Yes o Rs. 1000 growth. yes [] No.[] Yes []]
Registration Fee Rs. 200/- paid []	REE for CSIBER Students	N
Name and signature of the Receiver:	A. Chause	
Name and Signature of the candidate: Anali Jan	b	

EDCSH Reg No. (Office) :	CSIBER Student	:: Y/N
Personal Details: (Block letters) 1. FIRST NAME: SUSMITA 2. MIDDLE NAME: SURESH 3. SURNAME: GHATAGE-		Photo here
4. DATE OF BIRTH: 17 111 1996 5. ADDRESS: AIP. CHIN CHWAD, TAL-KAREE KAR 6. Email ID: Susmitaghatage 1711 @gmail.com 7. Cell No. and alternative No. 7057986485 8. Aadhar No. 685877725246		
 I would like to avail following support from the EDCSH-CSIBER in the the EDCSH-CSIBER	ete assistance. [n/ workshop. Yes]
 The nature of family Business:	Yes[/] Yes[/] Yes[/] Yes[/] Yes[/]	No[] No[] No[] No[] No[] No[]
Registration Fee Rs. 200/- paid [] FREE for Name and signature of the Receiver: Name and Signature of the candidate: Susmita Surest Whatese	CSIBER Students	⋈

EDCSH Reg No. (Office) :	CSIBER Studer	nt:
Personal Details: (Block letters) 1. FIRST NAME: SHUBHAM 2. MIDDLE NAME: DEEPAK 3. SURNAME: YADAV 4. DATE OF BIRTH: 29 th NOV, 1996 5. ADDRESS: MANGALWAR PETH, KOLHAPUR 6. Email ID: YSHUBHAMO93@GMAIL.COM 7. Cell No. and alternative No. 7972306816 8. Aadhar No. 6100 3227 4383		
 I would like to avail following support from the EDCSH-CSIBER I have no idea about entrepreneurship and need complete. I am willing to participate in the Event/training program 	lete assistance. [1
3. I am willing to pay Fee. Yes [] No [] If yes up to Rs4. I already have a business and want guidance for growth5. I have a Family Business:		
 The nature of family Business:	Yes[/] Yes[/] Yes[/] Yes[/] Yes[/]	No[] No[] No[] No[] No[] No[]
Registration Fee Rs. 200/- paid [] FREE for Name and signature of the Receiver:	CSIBER Students	W
Name and Signature of the candidate: SHUBHAM DEEP		

EDCSH Reg No. (Office	re):	CSIBER St	ude
Personal Details: (Block le	etters)		00
8. Aadhar No. 4	DEVIKA JAGDISH DALVI OS November 199 HP. HOUSE NO. 2038 OLEVICAL OS @icloudative No. 70385270 82071684876 ring support from the EDCSI	, MANGALWARPE duom. 34	
 I have no idea abo I am willing to part I am willing to pay 	ut entrepreneurship and ne cicipate in the Event/trainin Fee. Yes [] No [] If yes u siness and want guidance f siness:	eed complete assistance g program/ workshop. p to Rs.	e. [] Yes [✓] No[]
7. I want to start a ne8. I want help for sele9. I need seed funding10. I need help for project	w business. ecting product/ business ide g for my business. ject report preparation. or my product quality impro	Yes[] Yes[]	No [] No[] No[] No[] No[] No[]
Registration Fee Rs. 200/-	paid[]	FREE for CSIBER Studen	ts [✓]
Name and signature of the	Receiver:		
Name and Signature of the	candidate: Devika fo	igdish Dalvi J	dot

EDCSH Reg No. (Office): MPhi) 2019 CSIBER Student:
Personal Details: (Block letters) Photo here
1. FIRST NAME: Anuraj 2. MIDDLE NAME: Prakash 3. SURNAME: Shinde 4. DATE OF BIRTH: 27th May 1995 5. ADDRESS: 1847 Krishnai, Eward, Rajarampuri 5th Lane, Kolhapur 6. Email ID: anurajshindeau@gmail.com 7. Cell No. and alternative No. 8459081426, 3860937987 8. Aadhar No. 7578 4073 3781 I would like to avail following support from the EDCSH-CSIBER in the following areas:
1. I have no idea about entrepreneurship and need complete assistance. [] 2. I am willing to participate in the Event/training program/ workshop. Yes [] No[] 3. I am willing to pay Fee. Yes [] No [] If yes up to Rs. 4. I already have a business and want guidance for growth. Yes [] No [] 5. I have a Family Business: (A. I already have a business and want guidance for growth. Yes [] No [] (A. I want o start a new business. (A. I want to start a new business: (A. I want to start a new business: (A. I want to start a new business: (A. I want help for selecting product/ business idea. (A. I want help for selecting product/ business idea. (A. I already have a business: (B. I No [] (A. I already have a business: (B. I No [] (A. I already have a business: (A. I already have a business: (B. I wool.] (A. I already have a business: (B. I wool.] (A. I already have a business: (B. I wool.] (A. I already have a business: (B. I wool.] (A. I already have a business: (B. I wool.] (B. I
Registration Fee Rs. 200/- paid [] FREE for CSIBER Students [/] Name and signature of the Receiver:
Name and Signature of the candidate: Anuraj Prakash Shinde

EDCSH Reg No. (Office):	CSIBER Student: Y/N
Personal Details: (Block letters)	
1. FIRST NAME: MAHESH	
2. MIDDLE NAME: SHIYAJI	
3. SURNAME: SHEWALE	
4. DATE OF BIRTH: 04 09 1997	
5. ADDRESS: Bahirewadi, Burray pauck.	
6. Email ID: makeshshewale04@gmail.com 7. Cell No. and alternative No. 99603 8698502	243
8. Aadhar No. 319327337511.	
I would like to avail following support from the EDCSH	-CSIBER in the following areas:
 I have no idea about entrepreneurship and need I am willing to participate in the Event/training I am willing to pay Fee. Yes [] No [] If yes up I already have a business and want guidance for 	program/ workshop. Yes [No[] to Rs
5. I have a Family Business:	Yes[] No []
6. The nature of family Business:	
7. I want to start a new business.	Yes[No []
8. I want help for selecting product/ business ide	a. Yes No[]
9. I need seed funding for my business.	Yes[No[]
10. I need help for project report preparation.	Yes[No[]
11. I need assistance for my product quality impro	vement. Yes[No[]
12. I need assistance for marketing.	Yes[No[]
Registration Fee Ns. 2007 Pana []	FREE for CSIBER Students [17
Name and signature of the Receiver:	4/1
Name and Signature of the candidate:	(Mohesh. Shivaji-shewale.)

EDCSH Reg No. (Office) :	CSIBER Student	:: Y/Jy
Personal Details: (Block letters)		
1. FIRST NAME: NACHIKET		00
2. MIDDLE NAME: SHASHIKANT		
3. SURNAME: KHE RADE	144 7 1	
4. DATE OF BIRTH: 11-06-1996		
5. ADDRESS: A/P KAHERI TAL KARVIR		Y
6. Email ID: nachiketkherade@onuil.con		
7. Cell No. and alternative No. 9096923494		
8. Aadhar No. 462343801896		
I would like to avail following support from the EDCSH-CSIBER i	n the following are	as:
1. I have no idea about entrepreneurship and need comple	ete assistance. [$$]	Í
2. I am willing to participate in the Event/training program	/ workshop. Yes [✓] No[]
3. I am willing to pay Fee. Yes [] No [] If yes up to Rs		
4. I already have a business and want guidance for growth		
5. I have a Family Business:	Yes[]	No [/]
6. The nature of family Business:		
7. I Walle to Start a many		10[]
o. Manchelp in colors of		No[]
5. The accentance of the second		No[]
10. Theed help to project op a specific		No[]
11. I need assistance for my product quality improvement.		No[]
12. I need assistance for marketing.	Yes[\sqrt]	No[]
Registration rec ns. 2007 para []	CSIBER Students	M
Name and Signature of the Receiver:	VSA 30 ans	
Name and Signature of the candidate: Nachiket. S.	Kherade 1	Schoule

EDCSH Reg No. (Office):	CSIBER Studen	t: Y/M
Personal Details: (Block letters)		Photo here
1. FIRST NAME: ANURADHA 2. MIDDLE NAME: KISAN 3. SURNAME: GAIKMAD		
4. DATE OF BIRTH: 26-07-1996 5. ADDRESS: NIVEKANAND NAGAR, KOR 6. Email ID: anugaikwad 0766@gmail	OCHI, ICHALKAR . com	ANGI.
7. Cell No. and alternative No. 9307226296 8. Aadhar No. 4931 5490 9411		
I would like to avail following support from the EDCSH-CSII	BER in the following ar	eas:
 I have no idea about entrepreneurship and need control. I am willing to participate in the Event/training program. I am willing to pay Fee. Yes [] No [] If yes up to Fee. I already have a business and want guidance for growing a femally Business. 	gram/ workshop. Yes	
 The nature of family Business:	Yes[] Yes[] Yes[]	No[] No[] No[] No[] No[] No[]
Registration Fee Rs. 200/- paid [] FREE	for CSIBER Students	
Name and signature of the Receiver:	Anuradha Ki	
A COMPANY OF THE COMP	Fillewood.	1501)

EDCSH Reg No. (Office):	CSIBER Stud	ent: Y/A
Personal Details: (Block letters)		Photo here
1. FIRST NAME: DHANASHREE 2. MIDDLE NAME: MAHIPATI 3. SURNAME: WARKE 4. DATE OF BIRTH: 28 MARCH 2006 5. ADDRESS: 767 B' WARD, SHINDE ANGA 6. Email ID: waskedhonashree 12 @gn 7. Cell No. and alternative No. 8767518841 8. Aadhar No. 69 27 5084 1164	N, PACHGOAN F	
I would like to avail following support from the EDCSH-CS	SIBER in the following	areas:
 I have no idea about entrepreneurship and need of the second secon	ogram/ workshop. Y	es [/] No[]
 The nature of family Business:	Yes[/] Yes[/] Yes[/] Yes[/] ment. Yes[/]	No[] No[] No[] No[] No[] No[]
Registration Fee Rs. 200/- paid [] FRE Name and signature of the Receiver:	EE for CSIBER Student	s [✓]
Name and Signature of the candidate: Dhanashree	Mahipati Was	ke

EDCSH Reg No. (Office):	CSIBER Stude	nt: Y/ N
Personal Details: (Block letters)		
1. FIRST NAME: SAURABH 2. MIDDLE NAME: DATTATRAY 3. SURNAME: VICHARE 4. DATE OF BIRTH: 04/04/2000 5. ADDRESS: Howe No.1376, SIBER Colony, 16. Email ID: sauralhvichare 604@gmail.com 7. Cell No. and alternative No. 8. Aadhar No. 9355 5026 6118	Vjalaiwadi, koll	Photo here
I would like to avail following support from the EDCSH-CSIBE	R in the following ar	eas:
 I have no idea about entrepreneurship and need com I am willing to participate in the Event/training programs. I am willing to pay Fee. Yes [] No [] If yes up to Rs. I already have a business and want guidance for growns. I have a Family Business: The nature of family Business: 	th. yes [] No.[/]	
 I want to start a new business. I want help for selecting product/ business idea. I need seed funding for my business. I need help for project report preparation. I need assistance for my product quality improvement I need assistance for marketing. 	Yes[] Yes[]	No[] No[] No[] No[] No[]
Registration Fee Rs. 200/- paid [★] FREE for	CSIBER Students	IV
Name and signature of the Receiver:	CSIBER Students	per !
Name and Signature of the candidate: Sourabh D. Vio	1	

EDCSH Reg No. (Office):	CSIBER Studen	t: Y/N
Personal Details: (Block letters)		
1. FIRST NAME: YUSUB 2. MIDDLE NAME: ASHPAK 3. SURNAME: JAMADAR 4. DATE OF BIRTH: 02/12/2000 5. ADDRESS: VITTHAL CHOWK KAJAVE 6. Email ID: YUSUB Jamadar @gmail.Com 7. Cell No. and alternative No. 9604161645 8. Aadhar No. 915666531714	LANE HUPARI	Photo here
I would like to avail following support from the EDCSH-	CSIBER in the following are	eas:
 I have no idea about entrepreneurship and nee I am willing to participate in the Event/training I am willing to pay Fee. Yes [] No [] If yes up I already have a business and want guidance fo I have a Family Business: The nature of family Business: 	program/ workshop. Yes to Rs r growth. yes [] No.[]	
7. I want to start a new business.	Yes[]	No []
8. I want help for selecting product/ business idea	. Yes[✓]	No[]
9. I need seed funding for my business.		No[]
10. I need help for project report preparation.	Yes[✓]	No[]
11. I need assistance for my product quality improv	vement. Yes[]	No[]
12. I need assistance for marketing.	Yes[🇹	No[]
Registration Fee Rs. 200/- paid [] F Name and signature of the Receiver:	REE for CSIBER Students	M
	0	ماسا
Name and Signature of the candidate: Yusub Ash	PAK JAMADAR Jama	2015

EDCSH Reg No. (Office):	CSIBER Stude	nt: Y/N
Personal Details: (Block letters)		Dhata hara
1. FIRST NAME: MANASI		Photo here
2. MIDDLE NAME: SATICH		
3. SURNAME: MALI		
4. DATE OF BIRTH: 09/04/2001		
5. ADDRESS: 1564 'C' WARD, BINDUCHON	ماره مدريم يا يار	
6. Email ID: Manasi, mali, 520 @gmail. con	NK, KOLHAFUR	
7. Cell No. and alternative No.	0	
8. Aadhar No. 96923527		
I would like to avail following support from the EDCSH-CSIE	BER in the following a	ireas:
1. I have no idea about entrepreneurship and need co	mplete assistance. [V]
2. I am willing to participate in the Event/training prog	gram/ workshop. Yes	[V] No[]
3. I am willing to pay Fee. Yes [] No [] If yes up to R	S	
4. I already have a business and want guidance for gro	owth. yes [] No.[/	
5. I have a Family Business:	Yes[]	No [V]
6. The nature of family Business:		
7. I want to start a new business.	Yes[/]	No[]
I want help for selecting product/ business idea.	Yes[✓]	No[]
I need seed funding for my business.	Yes[/]	No[]
I need help for project report preparation.	Yes[V]	No[]
11. I need assistance for my product quality improvement		No[]
12. I need assistance for marketing.	Yes[V]	No[]
Registration Fee Rs. 200/- paid [] FREE	for CSIBER Students	M
Name and signature of the Receiver:		
Name and Signature of the candidate: MANASI Sf	HISH MALI	Anali.

EDCSH Reg No. (Office) :	CSIBER Studer	nt: Y/Ar
Personal Details: (Block letters)		
1. FIRST NAME: Ramjan 2. MIDDLE NAME: Dastagir		
3. SURNAME: Mujawar		
4. DATE OF BIRTH: 14 - 02 - 1994		
5. ADDRESS: AIP- Tasgoan		138.00
6. Email ID: ramjan 119 agmont.com		
7. Cell No. and alternative No. 98 81 8598 55 96	77 11, 227	.0
8. Aadhar No. 7270 5887 8008	5+442-1	0
I would like to avail following support from the EDCSH-CSIBER	in the following ar	reas:
1. I have no idea about entrepreneurship and need compl		
2. I am willing to participate in the Event/training program	n/ workshop. Yes	[No[]
3. I am willing to pay Fee. Yes [] No [] If yes up to Rs		
4. I already have a business and want guidance for growth	i. yes [] No.[✔]	
5. I have a Family Business:	Yes[]	No []
6. The nature of family Business:		
7. I want to start a new business.	Yes[√]	No []
8. I want help for selecting product/ business idea.	Yes[✓]	No[]
I need seed funding for my business.	Yes[✓]	No[]
10. I need help for project report preparation.	Yes[🖊	No[]
11. I need assistance for my product quality improvement.	Yes[✓]	No[]
12. I need assistance for marketing.	Yes[]	No[]
Registration Fee Rs. 200/- paid [] FREE for	CSIBER Students	M
Name and signature of the Receiver:		
Name and Signature of the candidate: Ramjom Doustage	gir myawar	- Remonos

Registration form

EDCSH Reg No. (Office):

EDCSH Reg No. (Office):	CSIBER Studen	t: Y/N
Personal Details: (Block letters)		
1. FIRST NAME: Pranav 2. MIDDLE NAME: Sambhaji 3. SURNAME: Ghodake 4. DATE OF BIRTH: 23 08 1998 5. ADDRESS: At. Garjan. Po. Savard. Tal. kg 6. Email ID: Pranavghodake 937 @gmail 7. Cell No. and alternative No. 774 00753) 8. Aadhar No. 421253329021	arveer. il.com	
I would like to avail following support from the EDCSH-CSIBER	R in the following area	is:
 I have no idea about entrepreneurship and need comp I am willing to participate in the Event/training program I am willing to pay Fee. Yes [] No [] If yes up to Rs. I already have a business and want guidance for growth I have a Family Business: The nature of family Business: 	m/ workshop. Yes [v h. yes [] No.[v]	No[]
 7. I want to start a new business. 8. I want help for selecting product/ business idea. 9. I need seed funding for my business. 10. I need help for project report. 	Yes[] No Yes[] No Yes[] No	b[] b[]
Registration Fee Rs. 200/- paid [] FREE for C	CSIBER Students	
lame and signature of the Receiver:		
lame and Signature of the candidate: Pranay Ghod	ake. Bodals	2.

EDCSH Reg No. (Office) :	CSIBER Studen	t: Y/N
Personal Details: (Block letters)		Photo here
1. FIRST NAME: Yasin 2. MIDDLE NAME: Samod 3. SURNAME: Shaikh 4. DATE OF BIRTH: 9th April 2000 5. ADDRESS: 1836 'C' ward, Lugdi lane, som wor 6. Email ID: 451436@gmail.com 7. Cell No. and alternative No. 9096470504/749905		Photo here
8. Aadhar No. 479891782235 I would like to avail following support from the EDCSH-CSIBER in the following areas:		
 I have no idea about entrepreneurship and need complete assistance. [] I am willing to participate in the Event/training program/ workshop. Yes [] No[] I am willing to pay Fee. Yes [] No [] If yes up to Rs I already have a business and want guidance for growth. yes [] No.[] I have a Family Business: The nature of family Business: 		
 I want to start a new business. I want help for selecting product/ business idea. I need seed funding for my business. I need help for project report preparation. I need assistance for my product quality improvement. I need assistance for marketing. 	Yes[] Yes[]	No[] No[] No[] No[] No[] No[]
Registration recens. 2007 para []	CSIBER Students	[~]
Name and Signature of the Receiver: Name and Signature of the candidate: Yasin Samad Shaikh - Yllin		