

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) : 02

CSIBER Student: Y/M¹

Personal Details: (Block letters)

1. FIRST NAME: ABHIJIT
2. MIDDLE NAME: RAJARAM
3. SURNAME: JADHAV
4. DATE OF BIRTH: 5/09/1994
5. ADDRESS: A/p mayale, Tal. Hatalsangole, Dist - Kolhapur
6. Email ID: abhijitj94@gmail.com
7. Cell No. and alternative No. 9860280609
8. Aadhar No.



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. 5000
4. I already have a business and want guidance for growth. 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 []
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 improvement. Yes [] No []
12. I need assistance for marketing. Yes [] No []

Registration Fee Rs. 200/- paid []

FREE for CSIBER Students

Name and signature of the Receiver: V. S. Akle

Name and Signature of the candidate: Abhijit Rajaram Jadhav Jadhav

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) : 01

CSIBER Student: Y/N

Personal Details: (Block letters)

1. FIRST NAME: ABHISHEK
2. MIDDLE NAME: SANJAY
3. SURNAME: BAGADE
4. DATE OF BIRTH: 19/06/1996
5. ADDRESS: NP, VADANAGE, KARVIR, KOLHAPUR - 416229
6. Email ID: abhishekbagade55@gmail.com
7. Cell No. and alternative No. 9765712655
8. Aadhar No. 882703272851



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: Yes [✓] No []
6. The nature of family Business: TRAVELING
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. 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

[✓]

Name and signature of the Receiver: _____

Name and Signature of the candidate: ABHISHEK SANJAY BAGADE

Abhishek Bagade

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Student: Y/ N

Personal Details: (Block letters)

1. FIRST NAME: ~~Sagar~~ SAGAR
2. MIDDLE NAME: ~~Pradip~~ PRADIP
3. SURNAME: ~~Abdugire~~ ABDUGIRE
4. DATE OF BIRTH: 2-12-1998
5. ADDRESS: A/P Ashta dist Sangli tal-walwa
6. Email ID: Sagarabdugire24@gmail.com
7. Cell No. and alternative No. 9373881581
8. Aadhar No. 951182089745



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: Yes [] No []
6. The nature of family Business: trading Company (Haldi/Exporter)
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. 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 []

Name and signature of the Receiver: _____

Name and Signature of the candidate: Sagar Sagar Abdugire

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Student: Y/~~N~~ ✓

Personal Details: (Block letters)

1. FIRST NAME: AMAR
2. MIDDLE NAME: AJAY
3. SURNAME: DESAI
4. DATE OF BIRTH: 02/03/1998
5. ADDRESS: Wani galli; Ajava
6. Email ID: amardesai1998@gmail.com.
7. Cell No. and alternative No. 7387896832
8. Aadhar No. 8662 5089 8976



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. ₹00
4. I already have a business and want guidance for growth. yes No
5. I have a Family Business: Yes No
6. The nature of family Business: Sugar factory
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. 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

Name and signature of the Receiver: _____

Name and Signature of the candidate: Amar Desai ABeri

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Student: Y / N

Personal Details: (Block letters)

1. FIRST NAME: ABHISHEK
2. MIDDLE NAME: AJITSINH
3. SURNAME: KHOT
4. DATE OF BIRTH: 18 SEP 1997
5. ADDRESS: GHOSASRUWA, TAL-SHIROH, DIST - KOLHAPUR
6. Email ID: abhikhot196@gmail.com
7. Cell No. and alternative No. 7501859517
8. Aadhar No. 5708 7234 4352



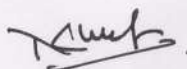
I would like to avail following support from the EDCSH-CSIBER in the following areas:

1. I have no idea about entrepreneurship and need complete assistance. Yes No
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: 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
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 improvement. Yes No
12. I need assistance for marketing. Yes No

Registration Fee Rs. 200/- paid

FREE for CSIBER Students

Name and signature of the Receiver: _____

Name and Signature of the candidate: Abhishek Ajitsinh Khot 

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Student: Y/N ✓

Personal Details: (Block letters)

1. FIRST NAME: ROHIT LAXMAN GANPATE
2. MIDDLE NAME: LAXMAN
3. SURNAME: GANPATE
4. DATE OF BIRTH: 03 March, 1998.
5. ADDRESS: Kudache Mala, Ichalkaranji.
6. Email ID: rohitganpate98@gmail.com
7. Cell No. and alternative No. 9921835213, 7020468816
8. Aadhar No. 903613115972



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: Yes [✓] No []
6. The nature of family Business: Textile Business
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. 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

[✓]

Name and signature of the Receiver: _____

Name and Signature of the candidate: Rohit Laxman Ganpate

Rohit

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Student: Y/N

Personal Details: (Block letters)

1. FIRST NAME: SHUBHAM
2. MIDDLE NAME: HANMANT
3. SURNAME: CHAVAN
4. DATE OF BIRTH: 02 march 1999
5. ADDRESS: AIP Navetked.
6. Email ID: shubhamchavon2599@gmail.com
7. Cell No. and alternative No. 9770079809
8. Aadhar No. 128610367681



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: 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
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 improvement. Yes No
12. I need assistance for marketing. Yes No

Registration Fee Rs. 200/- paid

FREE for CSIBER Students

Name and signature of the Receiver: _____

Name and Signature of the candidate: shubham h. chavan

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Student



Personal Details: (Block letters)

1. FIRST NAME: SUHAS
2. MIDDLE NAME: SURYAKANT
3. SURNAME: MANE
4. DATE OF BIRTH: 31-07-1998
5. ADDRESS: AP, varache galli, near success classes, Tasgaon.
6. Email ID: suhasm31@gmail.com
7. Cell No. and alternative No. 9921693741
8. Aadhar No. 3358 9997 0732

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: Yes No
6. The nature of family Business: _____ 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. 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



Name and signature of the Receiver: _____

Name and Signature of the candidate: Suhas Suryakant Mane

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Student: 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, AMBEDKA CHOWK
TAL - KARVIR, KOP.
6. Email ID: rskadam27@gmail.com
7. Cell No. and alternative No. 7774032707, 9975604081
8. Aadhar No. 6228 2920 6141



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: Yes No
6. The nature of family Business: Dairy Products.
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. 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

Name and signature of the Receiver: _____

Name and Signature of the candidate: Rahul Kadam

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Student: Y/N

Personal Details: (Block letters)



1. FIRST NAME: PANKAJ
2. MIDDLE NAME: AMRUTLAL
3. SURNAME: GUPTA
4. DATE OF BIRTH: 14/02/1998
5. ADDRESS: Jai kisan chowk, Teenbatti. Ich.
6. Email ID: guptapankej528@gmail.com
7. Cell No. and alternative No. 7620484523
8. Aadhar No.

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. 5000
4. I already have a business and want guidance for growth. 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 []
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 improvement. Yes [] No []
12. I need assistance for marketing. Yes [] No []

Registration Fee Rs. 200/- paid []

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[]

Name and signature of the Receiver: _____

Name and Signature of the candidate: Pankaj Amrutlal gupta
Amrutlal

Business Idea - Wafers
Notebook
Shoes.

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Student: Y/ N

Personal Details: (Block letters)

Photo here

1. FIRST NAME: ARATI
2. MIDDLE NAME: JANARDAN
3. SURNAME: CHAVAN
4. DATE OF BIRTH: 14/July/201996
5. ADDRESS: Alp KANERIWADI, TAL-KARVEER, DIST.-KOLHAPUR.
6. Email ID: araticHAVAN222@gmail.com
7. Cell No. and alternative No. 7774008887
8. Aadhar No.

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. 1000
4. I already have a business and want guidance for growth. yes [] No.
5. I have a Family Business: Yes No []
6. The nature of family Business: food processing. 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. 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

Name and signature of the Receiver: _____

Name and Signature of the candidate: Arati Janardan Chavan
Chavan

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Student: Y/N

Personal Details: (Block letters)

Photo here

1. FIRST NAME: SUSMITA
2. MIDDLE NAME: SURESH
3. SURNAME: GHATAGE
4. DATE OF BIRTH: 17/11/1996
5. ADDRESS: AIP. CHINCHWAD, TAL-KARVEE KARVEER, DIST.- KOLHAPUR
6. Email ID: Susmitaghatage1711@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 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. 1000
4. I already have a business and want guidance for growth. 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 []
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 improvement. Yes No []
12. I need assistance for marketing. Yes No []

Registration Fee Rs. 200/- paid []

FREE for CSIBER Students

Name and signature of the Receiver: _____

Name and Signature of the candidate: Susmita Suresh Ghatage
Ghatage

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Student: Y / N

Personal Details: (Block letters)

1. FIRST NAME: SHUBHAM
2. MIDDLE NAME: DEEPAK
3. SURNAME: YADAV
4. DATE OF BIRTH: 29th Nov, 1996
5. ADDRESS: MANGALWAR PETH, KOLHAPUR.
6. Email ID: YSHUBHAM093@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 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: 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
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 improvement. Yes No
12. I need assistance for marketing. Yes No

Registration Fee Rs. 200/- paid

FREE for CSIBER Students

Name and signature of the Receiver: _____

Name and Signature of the candidate: SHUBHAM DEEPAK YADAV.

Shubham

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Stude



Personal Details: (Block letters)

1. FIRST NAME: DEVIKA
2. MIDDLE NAME: JAGDISH
3. SURNAME: DALVI
4. DATE OF BIRTH: 05 November 1995
5. ADDRESS: ~~APP~~ HOUSE NO. 2038, MANGALWARPEETH, KOLHAPUR.
6. Email ID: devika105@icloud.com.
7. Cell No. and alternative No. 9038527034
8. Aadhar No. 482071684876

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: 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 []
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 improvement. Yes [] No []
12. I need assistance for marketing. Yes [] No []

Registration Fee Rs. 200/- paid []

FREE for CSIBER Students [✓]

Name and signature of the Receiver: _____

Name and Signature of the candidate: Devika Jagdish Dalvi

Entrepreneurship Development Cell and skill hub:

Registration form

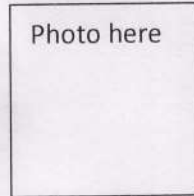


EDCSH Reg No. (Office) :

MPhi) 2019

CSIBER Student: Y.

Personal Details: (Block letters)



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: anurajshinde44@gmail.com
7. Cell No. and alternative No. 8459081426, 9860937987
8. Aadhar No. 7578 4073 3787

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: Yes [] No []
6. The nature of family Business: Publication House
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. 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

[✓]

Name and signature of the Receiver: _____

Name and Signature of the candidate: Anuraj Prakash Shinde

Shinde

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Student: Y/N

Personal Details: (Block letters)

1. FIRST NAME: MAHESH
2. MIDDLE NAME: SHIVAJI
3. SURNAME: SHEWALE
4. DATE OF BIRTH: 04/09/1997
5. ADDRESS: Bahirewadi, Surraj park.
6. Email ID: maheshshewale04@gmail.com.
7. Cell No. and alternative No. ~~98608~~ 8698502243
8. Aadhar No. 319327337511.



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: 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 []
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 improvement. Yes [] No []
12. I need assistance for marketing. Yes [] No []

Registration Fee Rs. 200/- paid []

FREE for CSIBER Students []

Name and signature of the Receiver: _____

Vs Atle
2019-20

Name and Signature of the candidate: _____

Mahesh (Mahesh Shivaji Shewale)

Entrepreneurship Development Cell and skill hub:Registration form

EDCSH Reg No. (Office) :

CSIBER Student: Y/N

Personal Details: (Block letters)

1. FIRST NAME: NACHIKET
2. MIDDLE NAME: SHASHIKANT
3. SURNAME: KHE RAOE
4. DATE OF BIRTH: 11-06-1996
5. ADDRESS: A/P KANERI TAL. KARVIR
6. Email ID: nachiketkherade@gmail.com
7. Cell No. and alternative No. 9096923494
8. Aadhar No. 462343801896



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: 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 []
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 improvement. Yes [✓] No []
12. I need assistance for marketing. Yes [✓] No []

Registration Fee Rs. 200/- paid []

FREE for CSIBER Students

[✓]

Name and signature of the Receiver: _____

VSA/PS
20/6/20Name and Signature of the candidate: Nachiket S. Kherade

N. Kherade

Jan. 2022 onwards.

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Student: Y/M

Personal Details: (Block letters)

Photo here

1. FIRST NAME: ANURADHA
2. MIDDLE NAME: KISAN
3. SURNAME: GAIKWAD
4. DATE OF BIRTH: 26-07-1996
5. ADDRESS: VIVEKANAND NAGAR, KOROCHI, ICHALKARANGLI.
6. Email ID: anugaikwad0766@gmail.com
7. Cell No. and alternative No. 9307226296
8. Aadhar No. 4931 5490 9411

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: 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
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 improvement. Yes No
12. I need assistance for marketing. Yes No

Registration Fee Rs. 200/- paid

FREE for CSIBER Students

Name and signature of the Receiver: _____

V.S. Apte 6-1-2022

Name and Signature of the candidate: _____

Gaikwad Anuradha Kisan
Gaikwad.

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Student: Y/N

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: 767B' WARD, SHINDE ANGAN, PACHGOAN ROAD, KOLHAPUR
6. Email ID: warke.dhanashree12@gmail.com
7. Cell No. and alternative No. 8767518841
8. Aadhar No. 692750841164

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: 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
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 improvement. Yes No
12. I need assistance for marketing. Yes No

Registration Fee Rs. 200/- paid

FREE for CSIBER Students

Name and signature of the Receiver: _____

V.S. Apple 6-1-2022

Name and Signature of the candidate: _____

Dhanashree Mahipati Warke

Warke

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Student: 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: House NO. 1376, SIBER Colony, Ujalaiwadi, Kolhapur
6. Email ID: saurabhvichare604@gmail.com
7. Cell No. and alternative No.
8. Aadhar No. 9355 5026 6118

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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: 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
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 improvement. Yes No
12. I need assistance for marketing. Yes No

Registration Fee Rs. 200/- paid

FREE for CSIBER Students

Name and signature of the Receiver: _____

Name and Signature of the candidate: Saurabh D. Vichare

Saurabh D. Vichare

11/11/2022

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Student: Y/N

Personal Details: (Block letters)

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1. FIRST NAME: YUSUB
2. MIDDLE NAME: ASHPAK
3. SURNAME: JAMADAR
4. DATE OF BIRTH: 02/12/2000
5. ADDRESS: VITTHAL CHOWK KAJAVE LANE HUPARI
6. Email ID: YusubJamadar@gmail.com
7. Cell No. and alternative No. 9604161645
8. Aadhar No. 915666531714

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: 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
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 improvement. Yes No
12. I need assistance for marketing. Yes No

Registration Fee Rs. 200/- paid

FREE for CSIBER Students

Name and signature of the Receiver: _____

Name and Signature of the candidate: YUSUB ASHPAK JAMADAR Jamadar

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Student: Y/N

Personal Details: (Block letters)

1. FIRST NAME: MANASI
2. MIDDLE NAME: SATISH
3. SURNAME: MALI
4. DATE OF BIRTH: 09/04/2001
5. ADDRESS: 1564 'C' WARD, BINDUCHOWK, KOLHAPUR
6. Email ID: Manasi.mali.520@gmail.com
7. Cell No. and alternative No.
8. Aadhar No. 96923527

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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: 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 []
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 improvement. Yes [] No []
12. I need assistance for marketing. Yes [] No []

Registration Fee Rs. 200/- paid []

FREE for CSIBER Students []

Name and signature of the Receiver: _____

Name and Signature of the candidate: MANASI SATISH MALI Mali

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Student: Y/ N

Personal Details: (Block letters)

1. FIRST NAME: Ramjan
2. MIDDLE NAME: Dastagir
3. SURNAME: Mujawar
4. DATE OF BIRTH: 14 - 02 - 1994
5. ADDRESS: AP- Tasgoan
6. Email ID: ramjan19@gmail.com
7. Cell No. and alternative No. 9881859855 / 9637442278
8. Aadhar No. 7270 5887 8008



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: Yes No
6. The nature of family Business: trading
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. 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

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Name and signature of the Receiver: _____

Name and Signature of the candidate: Ramjan Dastagir Mujawar - Mujawar

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Student: 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. karveer.
6. Email ID: pranavghodake937@gmail.com
7. Cell No. and alternative No. 9741007531
8. Aadhar No. 421253329021

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: Yes No
6. The nature of family Business: General store
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. 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

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Name and signature of the Receiver: _____

Name and Signature of the candidate: Pranav Ghodake

Entrepreneurship Development Cell and skill hub:

Registration form

EDCSH Reg No. (Office) :

CSIBER Student: Y/N ✓

Personal Details: (Block letters)

Photo here

1. FIRST NAME: Yasin
2. MIDDLE NAME: Samad
3. SURNAME: Shaikh
4. DATE OF BIRTH: 9th April 2000
5. ADDRESS: 1836 'C' ward, Lugdi lane, Somwarpeth, KOP.
6. Email ID: y5143b@gmail.com
7. Cell No. and alternative No. 9096470504/7499051113
8. Aadhar No. 478881782235

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: 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 []
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 improvement. Yes [] No [✓]
12. I need assistance for marketing. Yes [✓] No []

Registration Fee Rs. 200/- paid []

FREE for CSIBER Students [✓]

Name and signature of the Receiver: _____

Name and Signature of the candidate: Yasin Samad Shaikh - Yasin