Form - MSME Registration		
:: Contact Person Details ::		
Name *		
Address *		
Email *		
Phone No *		
APPLICANT DETAILS		
APPLICANT NAME * (As Per Aadhaar Card)		
AADHAAR NO *		
DATE OF BIRTH * (DD/MM/YYYY)		
GENDER *	<ul><li>○ Male</li><li>○ Female</li><li>○ Trans Gender</li></ul>	
FULL ADDRESS WITH PIN NO *		
CASTE *	- select -	
PHYSICALLY HANDICAPPED ? *	○ Yes ○ No	
BUSINESS DETAILS		
NAME OF ENTERPRISE *		

1 of 3 05-01-2021, 11:56

Ashadir	<b>PSC</b>	Admir	1

TYPE OF ORGANISATION *	- select -
PAN NO *	
FULL OFFICIAL ADDRESS WITH PIN NO *	
LOCATION OF PLANT if ,it's Manufacturing Unit	
MOBILE NO / TELEPHONE NO *	
E-MAIL ID	
DATE OF COMMENCEMENT OF BUSINESS * (DD/MM/YYYY)	
PREVIOUS EM1/EM2/SSI/UAM REGISTRATION NUMBER , If Any	
MAJOR ACTIVITY OF BUSINEES *	Manufacturing     Services
BUSINEES ACTIVITY DETAILS *	
PERSONS EMPLOYED *	

## **BANK DETAILS**

BANK NAME *	
BRANCH NAME *	

2 of 3

IFSC CODE *	
ACCOUNT NUMBER *	
ACCOUNT TYPE *	<ul><li>Savings</li><li>Current</li></ul>

## **DOCUMENT**

APPLICANT PHOTO *	Browse No file selected.
APPLICANT AADHAAR CARD *	Browse No file selected.

## SPONSORED INFORMATION AND FINAL SUBMISSION

Sponsor Present ? *	○ Yes ○ No
If Yes, Give the Sponsored Username	

3 of 3