

Annex B

Application form

Entrepreneurship Support Program



Name:

Gender: Male Female

Date of Birth: in AD (YYYY/MM/DD)

..... in BS (YYYY/MM/DD)

Mobile No.:

Email ID:

Educational level/ Faculty:/

Language known:

Occupation:

Previous Work Experience (if applicable):

 Company/Organization:

 Position: Duration:

What motivates you to participate in the Entrepreneurship Support Program?

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Briefly describe any previous entrepreneurial experience or projects you have been involved in.

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What specific skills or knowledge do you hope to gain from this program?

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How do you envision applying the knowledge and skills acquired from this program in your future endeavors?

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By signing below, I acknowledge that the information provided in this application form is true and accurate to the best of my knowledge. I understand that acceptance into the Entrepreneurship Support Program is at the discretion of the organizers, and I agree to abide by the rules and regulations set forth by the program.

[Signature] _____ [Date] _____