



APPLICATION

**Entrepreneurship Development Programme**  
**15<sup>th</sup> February – 15<sup>th</sup> March, 2010**

1. Name of the Applicant .....
2. Date of Birth.....Age .....
3. Sex : Male.....Female.....
4. Mailing Address ..... Permanent Address.....
- .....
- .....
- Telephone: .....Mobile No..... E-mail.....

5. Educational Qualifications:

Name of the Course	Year of Passing	Name of Institute / University	Class / Percentage
X std			
P.U.C			
Degree			
P.G Degree / Any other			

6. Employed YES / NO. If Employed :

Name of the Organization	Designation	Period of Service	Compensation per month

7. Objectives in applying to this programme.....
- .....
- .....
- .....

8. After the completion of the programme what do you propose to do? .....

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9. Is there any one in the immediate family who is in small business? **Yes / No**

If yes : Name.....

Relationship .....

Nature of Business.....

If yes : Would you join that business or start a new one ?.....

10. If you are selected do you need Accommodation for stay during the training period? Yes / No

**The filled in application along with a passport size photograph may be sent on or before 1<sup>st</sup> February, 2010**

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Prof. P Vasudevan

MDP Coordinator

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