

Application form

1 State Name:

2 District Name:

3 Urban Local Body (ULB) Name:

4 Name of the Applicant (Individual / organization):

5 Type of the Applicant (Please tick):

i) Individuals	<input type="checkbox"/>	vi) Civil society organisations (including NGOs, RWA, SHGs or any other citizen collectives)	<input type="checkbox"/>
ii) Startups	<input type="checkbox"/>	vii) Parastatals or Municipal bodies	<input type="checkbox"/>
iii) Company	<input type="checkbox"/>	viii) Others	<input type="checkbox"/>
iv) Academic Institutions	<input type="checkbox"/>	If others (Please specify)	<input type="text"/>
v) Research and Development Centers	<input type="checkbox"/>		

6 Details of Contact Person:

i) Full Name:

ii) Age:

iii) Mobile No.:

iv) Email:

v) Postal address / Residential Address:

City: _____ State: _____

Postal code: _____