ANNEXURE 1

APPLICATION FORM

YOUNG PROFESSIONAL FELLOWS

Department of Skills, Employment, Entrepreneurship, and Innovation Government of Maharashtra

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Email Address	S:		4 41 a	
Contact Numb	er:		РНОТО	VV. 1.0
Permanent Ac	ldress:			· Comme
Qualifications	:			
Institutes atte	ended:			
Language Pro	ficiency Level:			
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Marathi		estts.	II as two die più assi la	- Na Sie
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12. Attach CV and SOP with above in the mail

13. Details of References

Referee 1

- Name:
- Designation:
- Contact No:
- Email:

Referee 2

- Name:
- Designation:
- Contact No:
- Email:

14. 2 Letter of Recommendations