



དཔལ་ལྷན་འབྲུག་གཞུང་། བཟོ་སྐྱོད་འབྲེལ་དང་ལུ་གཤེག་ལྷན་ཁག། ལུ་གཤེག་དང་ཚོང་འབྲེལ་ལས་ཁུངས།

**Royal Government of Bhutan**  
**Ministry of Industry, Commerce and Employment**  
**Department of Employment and Entrepreneurship**

**ANNEXURE I**

**ELIGIBILITY CRITERIA FOR THE STARTUPS UNDER YELP**

**Rationale**

Access to finance is vital for entrepreneurs to kickstart their ventures. This may include funding for essential tools, machinery, or technology and ensuring entrepreneurs have the necessary resources to bring their ideas to fruition. Reducing these financial barriers, the entry of the entrepreneurs are reduced, enabling entrepreneurs to overcome financial constraints and begin their entrepreneurial journey. One kind of these support can be in the form of financial support to the Startup’s employees during the initial stage of their operation.

**Eligibility criteria**

To avail the YELP support, the new startups (operating single or in a group) should fulfil the following criteria:

1. A startup should have a business license if the owner want to operate the business;
2. The support will be made available for those who have started the business not more than two year.
3. The startup should have availed any form of training or facilitation services to promote his/her business;
4. The applicant should have a business in hand/currently operating.

**YELP Application Form for Entrepreneurs**

1. Name of Business : .....
2. Name of Entrepreneur(s) : .....
3. Mobile Number : .....
4. Mobile Number of the Guardian : .....
5. Email : .....
6. CID number (attach copy) : .....
7. Business license (attach copy) : .....
8. Location : .....
9. Business Type : .....(Sole Proprietorship/Group)  
*[If the business is operating in a group, the proponents have to submit the internal agreement/Bylaws or any other concern letters from Gewog/Dzongkhag/Thromdes/relevant agencies]*
10. Duration of support required : ..... (In Months)

Name and Signature of the Applicant : .....

Date : .....



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OFFICIAL USE

Verification/Recommendation by Entrepreneurship Promotion Division (Upon physical verification with evidence by officials from EPD/ROICE)

- Recommended for YELP support
- Not recommended for YELP support

**Verified By:**

Name : .....

Signature : .....

Date of Verification : .....

**Signature**  
**CPO, EPD/Regional Director**

Processed by	Recommended by	Approved by
Program Officer	CPO, ESD/ Regional Director	Director General, DoEE/Regional Director