

NEHRU GROUP OF INSTITUTIONS
TECHNOLOGY BUSINESS INCUBATOR
Enrollment Application Form

(To be filled in by the Prospective Incubatee)

Appropriately please tick (✓) or specify no's [] in box

1.0 General

- 1.1 Name of the Company / Organization** :
- 1.2 Name of the Incubatee** :
- 1.3 Designation of the Incubatee** :
- 1.4 Age** :
- 1.5 Sex (Male/ Female)** : () Male () Female
- 1.6 Educational Qualification** :
- 1.7 Permanent Address**(Enclose a Copy) :
(As proof – Aadhar & Pan)

1.8 Contact Details

Mobile :

E-Mail :

- 1.9 Whether the Company is Registered** : Yes / No

If yes, details of the same (Reg. No etc) :
(As proof - Enclose a Copy of MSME Reg)

2.0 Present Business (If applicable)

- 2.1 Present Business / Area of Activities** :
- 2.2 Number of years in the present business** :
- 2.3 Number of Employees** : [] Full Time [] Part Time
[] Consultants

3.0 Proposed Venture

3.1 Nature of Venture Proposed (Please tick in appropriate box):

- Start-Up Extension to the existing profession/company
 New Subsidiary Others

3.2 Legal Status (Please tick in appropriate box):

- Sole Proprietorship Company - Private Limited
 Partnership Any other, please specify _____

3.3 Promoters/Team Members details

3.3.1 No. of Promoters/Team Members :

3.3.2 Name and contact details of all promoters/ team members :

- | | | |
|----|---------|--------|
| a. | Mobile: | Email: |
| b. | Mobile: | Email: |
| c. | Mobile: | Email: |
| d. | Mobile: | Email: |

3.4 What is the present stage of the business? (Please tick in appropriate box)

- Idea Only
 PoC Stage (say Designing the Product/Service, Working Model)
 Product/Service Development Stage (say Building Prototype, testing, trial runs)
 Operational Stage (say Started sales, hired employees etc)
 Growth / Scaling up Stage

3.5 Describe about Product

3.6 Market Survey

(i)Size of the Market (Value in Rs.):

- (ii)Nature of the Market** : [] One Time [] Intermittent
(Please tick in appropriate box) [] Sustained

(iii)Prospective Customers / Sectors :

3.7 Source of Financing the Venture :

- Self Loan Any assistance from Govt./Financial institutions or agency

3.8 Have you applied for Intellectual Property Rights? : Yes / No

If yes, please enclose copy of the registration

4.0 Incubation at NGITBI

Physical Incubation or Virtual Incubation:

4.1 Nature of support facility needed from TBI:

Facilities	No's
Seats in Co-working Space (not an separate cubicle)	
Seats in Separate Cubicle	
Specify special needs, if any	

Declare items that you may bring to TBI for your operation

Items	No's

4.2 Period of Incubation proposed at TBI :

4.3 When do you propose to TBI :

4.4 Number of persons to move to TBI : Full Time Part Time
 Consultants

4.5 Is on-campus accommodation required? : Yes / No

If yes, for how many persons? Male Female

5. Account details of your start up:
(As proof - Enclose a Copy of Pass book)

More details about the proposed product/service may be attached in the form of Project Report (Template) and Business Plan along with this application.

Date :

.....
Signature

Place :

.....
Name