

TECHNOLOGY BUSINESS INCUBATOR @ MANAKULA VINAYAGAR INSTITUTE
OF TECHNOLOGY

(TBI@MVIT)

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)

1.8 Contact Details

Off :

Res :

Fax :

Mobile:

E-Mail:

- 1.9 Whether the Company is Registered** : Yes / No
- If yes, details of the same (Reg. No etc) :
(Enclose a Copy)

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
() Conceptualization 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 / Service in about 4 lines:

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 TBI@MVIT

4.1 Nature of support facility needed from TBI:

Facilities	No's / Size
Cubicle	
Executive Chair	
Visitor's Chair	
Computer Table	
Office Table	
Work Bench	
Stool	
TBI Computer	
Internet IP's	
File Rack	
Own PC	
Own Laptop	
Own Printer	
Any other (please specify)	

4.2 Period of Incubation proposed at TBI :

4.3 When do you propose to start at 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

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

Date :

.....
Signature

Place :

.....
Name