

**Application form for availing Incubation Facilities
of
Chamber of Indian Micro Small and Medium Enterprises**

1. Name/Proposed name of Start-Up/Company*:

(If business entity has not been formed yet, please indicate the name of the Co-Founder of the startup)*

2. Name of Lead Entrepreneur (Please attach a brief profile, if required)

Full Name:	:	
Age:	:	
Mobile:	:	
Email:	:	
Postal address / Residential Address:	:	

3. About Your business: (Please attach a brief profile, if required)

Product:	:	
Service:	:	
Technology Used:	:	

4. Stage of Your Business (Please tick the applicable stage):

a) Idea	
b) Pilot Stage	
c) SEED Stage	
d) Pre-Revenue	
e) Growth Stage	

5. Category:

- a) Food & Agriculture:
- b) Biotechnology
- c) Clean & Green Energy
- d) Health Tech
- e) Water Management
- f) Waste Management
- g) Drone
- h) Fintech
- i) IT
- j) EdTech
- k) Others (please specify) _____

6. Service expected from Incubation Centre

- a) Company incorporation
- b) Business Consulting service:
- c) Marketing Consultancy:
- d) Prototype Development:
- e) Administrative Advisory services (CA/Legal)
- f) Mentoring service:
- g) Office space:
- h) Assistance in development of product
- i) Access to market:
- j) Access to investors:

k) Any other Services (Please Specify):

7. Details about Co-founders: (Please attach a brief profile, if required)

Name of co- founders	Qualification	Experience	Role

8. About your Team (Please attach a brief profile, if required)

Name Team Leader	Qualification	Experience	Role

9. How do you think your experience is going to help you in this new venture?

:

10. Who are your potential customers? What marketing tools will you use to sell your products or service?

11. Who are your competitors? What is your USP?

12. Estimated Project Cost: (Add more rows if required)

Particulars	Amount (In INR)
TOTAL	

13. Please provide the Profitability & Revenue Model in separate Sheet:

14. Provide the details and source of Technology being used / to be used

15. Any other Information, you wish to provide.

Declaration:

I certify that the information contained in this application is correct to the best of my knowledge. I understand that any false information being provided by me will be the grounds for refusing to incubate me/ us at the center and cancel my/ our application/eviction from the center in future, if incubated/pre-incubated.

I authorize the incubation centre and/or any of its officer/ employee to enquire any all information concerning my previous employment, education and experience from the organization or company listed on this application. I also authorize incubation center and/or any of its officer/ employee to request and receive such information from the organization or company listed on this application.

In consideration for my application, I agree to abide by the rules and regulations of the incubation centre, which rules may be changed, withdrawn, added, or interpreted at any time, at the incubation centre's sole option and without prior notice to me.

I also acknowledge that my incubation may be terminated, or any offer or acceptance of incubation/pre-incubation withdrawn, at any time, with or without cause, and with or without prior notice at the option of the incubation center.

Name of Company/ Promoter

Enclosed (Please Mention):

Date: