

Incubation Application Form
(To be filled by prospective Incubation customer for availing facility)

1	Name of the company*												
2	Name of the Applicant*												
3	PAN No. of the company (In case of Proprietorship, PAN Card of Proprietor)*												
4	Contact Details												
4.1	Registered Address*												
4.2	Contact Address*												
4.3	Mobile No.*												
4.4	Fax No.												
4.5	Telephone No.*												
4.6	Email Address*												
5	Project Details												
5.1	Prime Differentiator of the company & prominent companies competing in similar field of business	_____ (attach the doc./pdf If any)											
5.2	Funding details and status of the funding with respective references Amount of fund (INR) Source of Fund Reference for funds	<table border="1"> <thead> <tr> <th>Amount of Fund</th> <th>Source of Fund</th> <th>Reference for Funds</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Amount of Fund	Source of Fund	Reference for Funds								
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5.3	Details of the Promoter*	_____ (attach doc/pdf)											
6	Requirement Details												
6.1	Customer Requirement (Plug N Play facility)	a. No. of Seats Requested _____ *											

		b. Bandwidth Requirement* _____ (Mbps)			
6.2	Customer Requirement (Semi furnished incubation area)	a. Area Requested _____ Sq. ft.* b. Raw Power with DG Back up Requirement: _____ (KVA/Month) c. Internet Bandwidth Requirement* _____ (Mbps)			
7	Incubation Company Details				
7.1	Type of company * (pl. tick anyone option & attach the related document)	_____ Start –up _____ less than 3 years old _____ more than 3 years old			
7.2	Location * (Operating from single or multi location) (pl. tick anyone option & attach the related document)	_____ Single _____ more than 3 but less than 5 _____ more than 5			
7.3	Product or service to be developed * (pl. tick anyone option & attach the related document)	_____ R&D _____ Product _____ Service			
7.4	Employment Generation per annum* (pl. tick anyone option & attach the related document)	_____ more than 25 _____ more than 15 but less than 25 _____ less than 15			
7.5	Is the company availing any scheme benefits that is approved by MeitY? *	_____ Yes _____ No (Pl. tick an option) If yes, Give Details _____ (attach the required document)			
7.6	Projected Employment & Revenue year wise for next 3 years		Year 1	Year 2	Year 3
		Employment			
		Revenue			
7.7	Name of the Persons who authorized to work in your behalf*	Ms./Mr.:..... (Contact No.....)			
7.8	Proposed Period of use	_____ Year / _____ Month			

7.9	Expected Date of occupancy *	_____/_____/_____ (dd/mm/yyyy)
7.10	Turnover of the company (in Rs. Lakhs)	Rs. _____ Lakhs
7.11	IPR generation	_____ Yes _____ No (Pl. tick an option) If yes, give details _____ (Attach the doc./pdf)

***-mandatory columns**

I hereby agree that I will use this facility only for the purpose mentioned above. In case of any damage or missing of related Equipment / Accessories, I am liable to refund the entire cost of the above items. Further I agree to abide all the rules and regulations of STPI regarding Incubation facility.

Date: - _____

Sign. _____

Name: _____

Designation: _____

Stamp of organization: _____

Documents to be enclosed: -

1. KYC of the Directors/Partners/Proprietor of the company/firm.
2. RoC, MoA, AoA, Partnership Deed, Trade License, MSME/Udyam Registration – as applicable
3. PAN of the company/individual.
4. Appropriate proof for availing discount.