

## 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	<b>Contact Details</b>			
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	<b>Project Details</b>			
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	Amount of Fund	Source of Fund	Reference for funds
5.3	Details of the Promoter*	_____ (attach doc/pdf)		
6	<b>Requirement Details</b>			
6.1	Customer Requirement (Plug N Play facility)	a. No. of Seats Requested _____ * b. Bandwidth Requirement* _____ (Mbps)		

7	Incubation Company Details				
7.1	Type of company * (pl. tick anyone option & attach the related document)	<input type="checkbox"/> Start -up <input type="checkbox"/> less than 3 years old <input type="checkbox"/> more than 3 years old			
7.2	Location * (Operating from single or multi location) (pl. tick anyone option & attach the related document)	<input type="checkbox"/> Single <input type="checkbox"/> more than 3 but less than 5 <input type="checkbox"/> more than 5			
7.3	Product or service to be developed * (pl. tick anyone option & attach the related document)	<input type="checkbox"/> R&D <input type="checkbox"/> Product <input type="checkbox"/> Service			
7.4	Employment Generation per annum* (pl. tick anyone option & attach the related document)	<input type="checkbox"/> more than 25 <input type="checkbox"/> more than 15 but less than 25 <input type="checkbox"/> less than 15			
7.5	Is the company availing any scheme benefits that is approved by MeitY?*	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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: - .....

Signature: .....

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.