



# Software Technology Park of India

## APPLICATION FOR INCUBATION FACILITY

- 1 Name of applicant : Mrs./Mr.....
- 2 Name of the Unit : M/s. ....
- 3 Type of Unit : MNC/Proprietorship/Partnership/Pvt. Ltd.
- 4 Contact Address : .....  
.....  
.....

5	<b>Telephone No.</b>	<b>Fax No.</b>	<b>E-mail</b>

- 6 Purpose of Incubation Facility : Software Development / Self training /Study/FTP

- Name of the Persons who  
7 authorized to work in behalf of you : 1. Ms./Mr.:.....  
: 2. Ms./Mr.....

- 8 Purposed Period of use : -----Year / -----Month

- 9 Facilities required

Space	No. of Seats IP	DG (KVA)	UPS (KVA)
..... Sq. ft.	..... No/Nos.		

- 10 Approximate Timing of work : From.....AM / PM to .....AM / PM
- 11 Amount Remitted : Rs. ....
- 12 Mode of Payment : By Cheque / D.D

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Cheque / D.D No.	Date	Bank

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.

Signature: .....

Date: .....

Name:.....