

Incubation Application Form

(To be filled by Incubation customer for STPI Gurgaon/Mohali Building)

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 requirements and status of the funding with respective references	Amount of fund (INR)	Source of Fund	Reference for funds										
5.3	Details of the Promoter*	_____ (attach doc/pdf)												
6. Requirement Details														
6.1	Customer Requirement (Pl. tick the required option)*	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">a. Incubation Requirement*</td> </tr> <tr> <td style="width: 50%; text-align: center;">_____ Raw Space</td> <td style="width: 50%; text-align: center;">_____ Plug N Play</td> </tr> <tr> <td style="text-align: center;">Area requested _____ (sq. ft.)</td> <td style="text-align: center;">No. of seats requested _____</td> </tr> <tr> <td style="text-align: center;">Raw/ DG _____ KVA/month</td> <td></td> </tr> <tr> <td style="text-align: center;">UPS _____ KVA/month</td> <td></td> </tr> </table>			a. Incubation Requirement*		_____ Raw Space	_____ Plug N Play	Area requested _____ (sq. ft.)	No. of seats requested _____	Raw/ DG _____ KVA/month		UPS _____ KVA/month	
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_____ Raw Space	_____ Plug N Play													
Area requested _____ (sq. ft.)	No. of seats requested _____													
Raw/ DG _____ KVA/month														
UPS _____ KVA/month														

		b. Bandwidth Requirement _____ Yes _____ No (Pl. tick an option)												
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*	<table border="1"> <thead> <tr> <th></th> <th>Year 1</th> <th>Year 2</th> <th>Year 3</th> </tr> </thead> <tbody> <tr> <td>Employment</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Revenue</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Year 1	Year 2	Year 3	Employment				Revenue			
	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)												
7.12	Amount Remitted Total	_____ (by Cheque/RTGS/NEFT**/RTGS**) Amt (in words) _____ _____ Security Deposit Rs. _____ 1 Month Advance Rs. _____												

*-mandatory columns **- incase of NEFT/RTGS, pl. furnish the receipts of payments done.

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.

I hereby agree that security deposit as well as one month advance as mentioned above may be forfeited if the agreement is not executed within next 30 (thirty) days from the date of payment or vacated before lock in period for the demised premises. Further, I agree to abide all the rules and regulations of STPI regarding Incubation facility.

Sign. _____

Name: _____

Designation: _____

Stamp of organization: _____

Date: _____