

Incubation Application Form

(To be filled by Incubation customer for STPI Bhilai Incubation centre)

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 option)*	a. Incubation Requirement*		
		Space: _____ Raw, _____ Semi furnished	Plug N Play: __ 12 Hrs (Including UPS & DG) __ Beyond 12 Hrs (Including UPS & DG) __ Entire Room (Excluding UPS & DG)	
		Area requested _____ (sq. ft.)	No. of seats requested _____	
		Raw/ DG _____ KVA/month UPS _____ KVA/month	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)	____ 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*	<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	____ Yes _____ 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: _____