

Contact Person

Name : _____
Address : _____

Telephone : _____
Mobile : _____
Fax : _____
Email : _____

Business Profile

Field of Activity *(Please tick as appropriate)*

E-business
Internet content development
Software development
Bio-informatics
Multimedia
IT Consultancy
Other *(please specify)* _____

Describe your product or service offered

Describe your target market

Turnover

Revenue Forecast for the first three years of operation

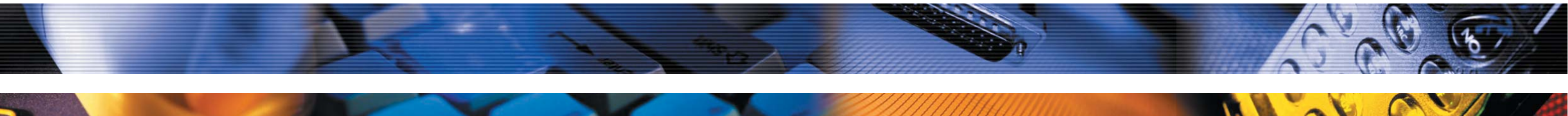
Rs
Year 1 _____
Year 2 _____
Year 3 _____

Financing of project

Rs
Own Capital _____
Loan and borrowings _____
Fixed Assets _____
Total Investment _____

Employment

	Local	Expatriate	Total
Year 1	_____	_____	_____
Year 2	_____	_____	_____
Year 3	_____	_____	_____



IMPORTANT – PLEASE READ THE FOLLOWING CAREFULLY:

Incomplete, inadequate or inaccurate filling of the form may cause the applicant's elimination from consideration. It is an offence to give false information or to conceal any relevant information on this form and in your business plan. This may lead to an application being rejected or, if the start-up has already been accepted, to the termination of the contract with the Incubator Centre.

I the undersigned applicant, declare that all information supplied above and in the business proposal are true and accurate and that I have not willfully suppressed any material fact.

Signature : _____

Name : _____

Designation : _____ Date : _____

Application Form

Company Information

Name of Company : _____

Registered Address : _____

Telephone : _____

Email : _____

Website : _____

Promoter(s) Information

Name : _____

Address : _____

Telephone : _____

Mobile : _____

Fax : _____

Email : _____

