(To be printed on Incubator Letter Head)

Annex II

**INCUBATOR ENDORSEMENT (If Applicable)**

I hereby solemnly affirm and endorse that the information in the application of \_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_ for registration by KBITS, is complete, true and correct as per the terms and conditions stipulated in the Operational Guidelines of the Karnataka Startup Policy 2015-2020.

Authorized Signatory

Government Of Karnataka Supported/Recognized Incubator

Name of the Incubator:

Place :

Date :

Note :