

Centre for Agribusiness Incubation & Entrepreneurship (CAIE)



Rajmata Vijayaraje Scindia Krishi Vishwavidyalaya Raja Pancham Singh Marg, Gwalior-474002 (M.P.)

Registration Form

	Father's/Spouse Name						
	Date of Birth:						
	Gender:						
	Contact No:,						
	Email address:						
	Address for communication:						
	Pin Code:						
-	Permanent address:						
	Pin Code:						
	. Nationality:						
0.	Nationality:						
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١.	Academic Qualifications:						
۱.	Academic Qualifications: Occupation Details:						
	Academic Qualifications: Occupation Details:						
3.	Academic Qualifications: Occupation Details: Area of Expertise, if any:						
2. 3.	Academic Qualifications: Occupation Details: Area of Expertise, if any:		st first):				
1 . 2. 3.	Academic Qualifications: Occupation Details: Area of Expertise, if any: Work Experience, if any;	in chronological order e.g. late Company /Firm / Department	st first):				
1. 2. 3.	Academic Qualifications: Occupation Details: Area of Expertise, if any: Work Experience, if any;	in chronological order e.g. late Company /Firm / Department	st first):				
1. 2.	Academic Qualifications: Occupation Details: Area of Expertise, if any: Work Experience, if any;	in chronological order e.g. late Company /Firm / Department	st first):				
1. 2. 3. 4.	Academic Qualifications: Occupation Details: Area of Expertise, if any: Work Experience, if any;	in chronological order e.g. late Company /Firm / Department name	st first):				
1. 2. 3. 4.	Academic Qualifications: Occupation Details: Area of Expertise, if any: Work Experience, if any; Designation	in chronological order e.g. late Company /Firm / Department name	Duration of service				
- - - -	Academic Qualifications: Occupation Details: Area of Expertise, if any: Work Experience, if any; Designation Your area of operation/Nat	(in chronological order e.g. late Company /Firm / Department name cure of Business:	st first): Duration of service				

16. Mention the area	of your ide	a/ business			
Types of support	required from	om CAIE:			
Infrastructure	Counselling		Technical	Capacity Building	
			Mentoring		
Technical		tion & pilot	Technology	Business plan	
consultancy		roduction	transfer	preparation	
Networking	Busine	ss Mentoring	Handholding	Regulatory	
				compliances &	
				Advisory Services	
Intellectual Funding		g	Any other(pleas	e specify) :	
Property Right					
cell					
18. Additional infor	rmation yo	u would like t	o share in supp	port to your application:	
19. How did you ge	t to know a	bout the CAIE?	? (Please tick (✓)	the applicable option)	
RVSKVV	RVSKVV			Notice board of your	
Website/Other a	actual	Facebook		organization	
site				3	
Your own institu	ıte	Twitter		Exhibition	
Start-up India W	/ebsite	Emailer		Brochure	
Any Other Web		Reference from a		Print Media-	
		person		Newspaper	
Instagram		WhatsApp		SMS	

Bank Details

Name of the Account: Centre for Agribusiness Incubation & Entrepreneurship (CAIE)

(Industry federations Faculty/students)

Name of the Bank: UCO Bank, Murar, Gwalior (Branch Code: 002116)

Bank Address: College of Agriculture, RVSKVV, Gwalior

Account Number: 21160210001189

IFSC Code: UCBA0002116 MICR Code: 474028010 **Declaration:**

I/We certify that all the information provided by me/us on this form is correct and

complete to the best of my/our knowledge, and on the basis of this information any

decision taken by Centre for Agribusiness Incubation & Entrepreneurship (CAIE) shall

be accepted by me/us. I/We also undertake to furnish any further information required

in this connection.

Date:

Place:

Signature of Applicant

Enclose the following:

1. ID Proof (Adhar Card/ Pan Card)

2. Company Registration details, if any

3. Any other supporting document

Address to:

Nodal Officer

Centre for Agribusiness Incubation & Entrepreneurship (CAIE), College of Agriculture Campus, Race Course Road, Gwalior - 474002 (M.P.)

E mail: caie@rvskvv.net