Technology Business Incubator @ Kongu Engineering College

**(TBI@KEC)**

Enrollment Application Form

(To be filled in by the Prospective Incubatee)

*Appropriately please tick* **( ✓ )** *or specify no’s* [ ] *in box*

1. **General**
   1. **Name of the Company / Organization :**
   2. **Name of the Incubatee :**
   3. **Designation of the Incubatee :**
   4. **Age :**
   5. **Sex (Male / Female) : ( )** Male **( )** Female
   6. **Educational Qualification :**
   7. **Permanent Address** (Enclose a Copy) **:**

(As proof)

* 1. **Contact Details**

Off **:**

Res **:**

Fax **:**

Mobile **:**

E-Mail **:**

* 1. **Whether the Company is Registered :**   Yes /  No

If yes, details of the same (Reg. No etc) **:**

(Enclose a Copy)

1. **Present Business ( If applicable)** 
   1. Present Business / Area of Activities **:**
   2. Number of years in the present business **:**
   3. Number of Employees **:**  **[ ]** Full Time **[ ]** Part Time **[ ]** Consultants
2. **Proposed Venture** 
   1. **Nature of Venture Proposed** (Please tick in appropriate box) **:**

**(** **)** Start-Up **(** **)** Extension to the existing profession/company

**(** **)** New Subsidiary **(** **)** Others

* 1. **Legal Status** (Please tick in appropriate box)**:**

**( )** SoleProprietorship **( )** Company - Private Limited

**( )** Partnership **( )** Any other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Promoters/Team Members details** 
     1. **No. of Promoters/Team Members :**
     2. **Name and contact details of all promoters/ team members :**

1. Mobile: Email:
2. Mobile: Email:
3. Mobile: Email:
4. Mobile: Email:
   1. **What is the present stage of the business?** (Please tick in appropriate box)

**( )** Idea Only

**( )** Conceptualization Stage (say Designing the Product/Service, Working Model)

**( )** Product/Service Development Stage (say Building Prototype, testing, trial runs)

**( )** Operational Stage (say Started sales, hired employees etc)

**( )** Growth / Scaling up Stage

* 1. **Describe about Product / Service in about 4 lines:**
  2. **Market Survey**

**(i)** **Size of the Market (Value in Rs.) :**

**(ii) Nature of the Market :**  [ ] One Time [ ] Intermittent

(Please tick in appropriate box) [ ] Sustained

**(iii) Prospective Customers / Sectors :**

* 1. **Source of Financing the Venture :**

**(** **)** Self ( **)** Loan **(**  **)** Any assistance from Govt. / Financial institutions or agency

* 1. **Have you applied for Intellectual Property Rights? :**  Yes /  No

If yes, please enclose copy of the registration

1. **Incubation at TBI@KEC** 
   1. **Nature of support facility needed from TBI:**

|  |  |
| --- | --- |
| Facilities | No’s / Size |
| Cubicle |  |
| Executive Chair |  |
| Visitor’s Chair |  |
| Computer Table |  |
| Office Table |  |
| Work Bench |  |
| Stool |  |
| TBI Computer |  |
| Internet IP’s |  |
| File Rack |  |
| Own PC |  |
| Own Laptop |  |
| Own Printer |  |
| Any other (please specify) |  |
|  |  |

* 1. **Period of Incubation proposed at TBI :**
  2. **When do you propose to start at TBI :**
  3. **Number of persons to move to TBI :** **[ ]** Full Time **[ ]** Part Time

**[ ]** Consultants

* 1. **Is on-campus accommodation required? :**  Yes /  No

If yes, for how many persons?  **[ ]** Male **[ ]** Female

**More details about the proposed product/service may be attached in the form of Project Report / Business Plan along with this application.**

**………. ………………………………..**

**Date : Signature**

**Place : ………………………………………….**

**Name**