



**Please read this before filling in / submitting the application**

**A note to the applicant:**

**Disclaimer: (Don't remove or delete this portion of the application in whichever form you submit the same)**

Every professional effort would be made by VIT-TBI to treat and handle this information provided here as confidential. However, by signing and applying to VIT-TBI for incubation assistance on this application form, you agree not to make any claim or demand compensation unconditionally in any form, at any point of time, now or any time in future, on the information / technology details provided by you here as trade secret or proprietary intellectual property. This information is required by VIT-TBI to assess the candidature for the purpose of providing incubation services. Further VIT-TBI does not guarantee acceptance of your proposal until and unless the selection process is over and VIT-TBI has the right to reject any proposal without assigning any reason what so ever. VIT-TBI will not pay any compensation to you in any form for the delay in communicating the decision or rejecting the proposal at its own discretion

**Application form for availing incubation services at VIT – TBI**

For Office Use Only  
Date Received:

\_\_\_\_\_

Reference # \_\_\_\_\_

**Name of Business\*:**

**Company Incorporation Number (CIN) :**

**Incorporation date:**

**PAN:**

**TAN:**

**GST:**

DIN (Name of Directors and DIN):

1

2

3

4

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(\* If business entity has not been formed yet, please indicate the name of the lead entrepreneur)



**Name of Lead Entrepreneur** (A copy of cv to be attached)

Title (Tick the appropriate) Mr.  Ms  Dr  Prof.

Full Name:

Age:

Mobile number:

Email :

LinkedIn:

Postal address / Residential Address

City\_\_\_\_\_ State: \_\_\_\_\_Postal code\_\_\_\_\_

**Country:**

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**Educational Qualification:**

Highest Qualification/Institute:

Year of Passing :

Area of Specialization:

Research experience if any:

**About Your business**

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**Type of Business:**

Services\_\_\_\_\_

High Technology \_\_\_\_\_

Other\_\_\_\_\_

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**Briefly describe your business (Attach a copy of your business plan):**

**How long have you been in business?**

1. Conceptual Stage\_\_\_\_\_
2. Less than a year\_\_\_\_\_
3. Less than 5 years\_\_\_\_\_
4. More than 5 yrs.\_\_\_\_\_

**Service expected from VIT-TBI**

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**Minimum services Expected from VIT-TBI**

1. Infra access : Office / Labs/ Internet /Discussion space/Cowork space
2. Mentoring (Technology/Business)
3. Funding access
4. Legal /Regulatory guidance
5. Talent access (Interns/ Hiring facilitation)
6. Industry connect (market validation/selling)

**Details of your Team:**

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**Number of employees that will be resident (if applicable):**

Full-time\_\_\_\_\_

Part-time\_\_\_\_\_

Consultants\_\_\_\_\_

**More on Promoter / Team Details:**

**List the name(s) of the principal(s)/ co promoters/ employees**

(Add additional sheets, if required)

(Individual resumes of each of founding members may also be attached))

1. Name

Educational Qualification:

No of years of experience:

Address

Mobile no:

Email :

LinkedIn:

Role:

2. Name

Educational Qualification:

No of years of experience:

Address

Mobile no:

Email:

LinkedIn:

Role:

3. Name

Educational Qualification:

No of years of experience:

Address

Mobile no:

Email:

LinkedIn:

Role:

**Problem identified / being worked on:**

**Value proposition for this problem:**

**Unique Selling Point:**

**Target Customer segment:**

**Do you/your team members have any previous business experience?**

**If yes, how many years?**

**How do you think your past experience is going to help you in this new venture?**

**Have you estimated and identified your seed funding needs/ source?**

**Have you done market survey?**

**If yes, Briefly describe the method and results.**

**Describe your target market:**

**Technology Details:**

Is your business idea depends on application of certain technology, which needs to developed? If so, please briefly describe the same?



Is this technology your own? Or obtained from other sources?

If your own, have you completed technology development? Or what stage you are in the development process? What is the estimated time for completion of the development of the technology?

Do you need technology development and research assistance?

If technology for your project is provided by another lab or agency, please indicate the name of agency.

*Declaration:*

*The information that I/we have provided is correct. I further declare that the information that I have provided here with are not proprietary in nature and that I would not make any claim on same. I have also read and understood and accepted the terms and conditions set forth in the disclaimer in the beginning of this application.*

**Applicants                      Signature                      Date                      Place:**

Please check whether you have filled in all the details and attached all the relevant information as described / required here:

**The completed application with all enclosure may be emailed to**

**[vittbi@vit.ac.in](mailto:vittbi@vit.ac.in); [tbicoordinator@vit.ac.in](mailto:tbicoordinator@vit.ac.in)**

**or printed and filled copy may be sent by courier or post to**

**The Senior General Manager**

Technology Business Incubator **(TBI)**

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