



Application form for Pitching of Ideas at EKTA Incubation Centre (TBI)-Haringhata Campus, Founded by MAKAUT (W.B)

Name of Participants for Pitching of Ideas (A separate resume may also be attached)

Full Name: Mr./Ms. /Dr. /Prof.

Father Name: _____

Age: _____

Phone: Res: _____ Office: _____ Mobile: -----

Email id: _____

Postal Address / Residential Address: _____

City _____ State: _____ Postal Code _____

Name of college/institution: -----

Academic Qualification:

Highest Qualification: _____

Year of Passing : _____

Grades Obtained : _____

Area of Specialization: _____

Name of Institute:

Research Experience: _____

Non-Academic Achievements: _____

Industrial Experience: (if any) _____

Entrepreneurial Experience: (if any) _____

About Idea:

GENERAL DESCRIPTION OF IDEA

(Provide detailed information. Attach extra sheets or business plan if necessary. However please do not write “See business plan.”)

Details of the core offering of the idea

Technology Details:

Marketing

What are market need or demand of your product(s) fulfill (end usage)?

Details of your potential customers:

FACILITIES REQUIREMENTS IN BUSINESS FROM EKTA INCUBATION CENTRE:

Why do you want to locate in Ekta Incubation Centre– Technology Business Incubator?

Infrastructure requirement for space, equipments, etc:

Services expected from EKTA Incubation Centre (Please tick appropriate option)

- 1. Shared laboratories access : Yes () No ()
- 2. Web Access : Yes () No ()
- 3. Use of conference rooms : Yes () No ()
- 4. Advisory services : Yes () No ()

List any special requirements for usage of EKTA Incubation Centre laboratory facilities:

Declaration:

The information that I/we have provided is correct. I further declare that the information that I have provided herewith 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 given in the footnote of this application.

Date
Place:

Signature of Applicant(s)

Recommendation Certificate from College/Institution

This is to certify that (Participant Name).....
Is student/faculty/research scholar/alumnus
.....College has developed an Idea based on
..... The information available with us
the candidate (name).....is interested to develop the idea which will be helpful for
Society.

Date & Place

Signature of principal & Seal

The completed application with all enclosure may be emailed to
info@technologyembryo.com/ ektaincubationcentre@gmail.com