



# MANAGE AC&ABC INCUBATION CENTRE

## MEMBERSHIP APPLICATION FORM

<b>Personal Information</b>		
Name of the Applicant:		
Date of Birth:		
Gender		
Nationality:		
Contact Address with Phone Number		
Web-Site:		
E-mail:		
Education		
Work Experience		
Partners/Directors	1.  2.  3.	
<b>Please indicate your status:</b>		
You have a novel technological idea/ concept and hope to convert it in to a commercially viable product/ services through technological support/ R&D collaboration with MANAGE	Yes	No
You hope to become a new technology entrepreneur in 02 years	Yes	No
You own/ represent a Start-up Company engaged in a technology business in which expertise/ research interest exists in MANAGE	Yes	No

**BUSINESS/ IDEA DETAILS: Submit a separate sheet for this if required**

1. Title of your Business/Technology proposal for membership

2. Brief Description of the Product/Services/Technology business you plan

3. Brief description of the requirements and other technological inputs you hope to resource from MANAGE.

Please tick mark (√)

- |                                   |                          |
|-----------------------------------|--------------------------|
| a) Infrastructure                 | <input type="checkbox"/> |
| b) Capacity Building              | <input type="checkbox"/> |
| c) Technical Mentoring            | <input type="checkbox"/> |
| d) Business Mentoring             | <input type="checkbox"/> |
| e) Regulatory & Advisory Services | <input type="checkbox"/> |
| f) IP Facilitation                | <input type="checkbox"/> |
| g) Networking                     | <input type="checkbox"/> |
| h) Funding                        | <input type="checkbox"/> |

4. Have you interacted with the concerned faculty and has he/she/they consented to collaborate with you?

5. Have you prepared a Business Plan? If yes, please submit a copy.

6. Please indicate your sources of funds

7. Profile of your Company, if already registered.

(Type of business, details as date of registration etc. membership of stock exchange if any, key personnel/associates, specific achievements etc.)

8. Please give names and address of up to 2 referees who are acquainted with your career profession/ achievement.

9. Any other detail, which would help in evaluating your proposal

Signature

Name of Applicant

Date