



Enrolment Form

Galgotias Centre for Technical Innovation & Incubation

1. Applicant's Name:

2. Company Name/Proposed Company Name:

3. Personal Address:

4. Business Address:

_____ Phone _____

Number _____ Fax _____

Email: _____ Website: _____

5. Type of Business: Service Product Technology

6. Area of Business, specify:

7. How long have you been in Business?

A. Conceptual less than a year----- B. less than 2 years-----More than 5years-----.

8. Legal entity proposed: A. Proprietorship-----B. Partnership----- C. Other, specify -----

9. Service expected from GCTII-----I (Please specify).

10. Promoter/Team

Details _____

11. Educational Qualification: _____

12. Number of years of experience: _____

13. Phone: _____

14. Do you or your team members have any previous business experience? Yes/No

15. If yes, how many years? _____

16. How do you think your past experience is going to help you in this new venture? Write a brief note about your product or service

17. Do you currently have the following? (Tick all that apply): Business Plan Business Plan Outline Market feasibility study Intellectual property strategy

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

19. Do you need any machinery or capital item for starting your venture? Yes/No

20. Have you estimated your Project cost? Yes/ No

21. If yes, Please give your break up, as below:

Preoperative expenses: Rs. _____ Prototype development: Rs. _____

Test Marketing: Rs. _____ Equipment: Rs. _____

Working Capital: Rs. _____ Other Requirements: Rs. _____

Total Rs. _____

22. Have you done any Market survey? Yes/No

23. Results of survey:

24. Describe your target market:

25. Is this technology your own or obtained from other sources?

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

27. Can your technology or product be patented, trademarked or protected from duplication (if applicable)?

Your reason (s) for seeking space in the incubator:

28. How much money has already been invested in the company and by whom?

29. How do you intend to finance the business for the next 2 years?

30. Does your business have special facility needs? If yes, specify.

31. Do you expect to use any hazardous or toxic materials? If so, describe.

32. Do you need technology development or assistance? Tick areas of assistance required from the incubator (whichever apply). Strategy Management Marketing Human Resources Commercialization Legal Other (Please specify):

33. The Business will require the following space in the incubator: _____ #square ft. office space _____ #square ft. laboratory space

34. How did you learn about GCTII?

35. Reference 1:

Reference 2 :

Signature of Promoter/

Place,

Date