

Smt. R. D. Gardi B. Pharmacy College Business Incubator

Nyara, Rajkot

Application Form

1. Name of Applicant
2. Contact Number
3. Email
4. Website (If Applicable)
5. Company Address (If Applicable)
6. start-upName
7. Specific department
8. Company Registration Details (If Applicable)
9. Date of Company incorporation (If Applicable).....
10. Stage of start-up (Idea, Pilot,Minimum Viable Product, Growth,Seed fund raised etc.)
11. Brief description of Problem
12. Brief description of Solution
13. Business Plan (Max. 100 words)
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14. Revenue details (If any)
15. Fund / Grant received (if any)
16. Management Team details (Name, Position, Contact No.)
17. Award / Recognition (if any)
18. Any other information that might help us.

Declaration

I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. In case any information given in this application proves to be false or incorrect, I shall be responsible for consequences. I understand that completing the application process does not guarantee for Incubation support from DIT Technology Business Incubator.

Applicant Signature