**Application Form: Bio Enterprise Fellowship (Last Modified: 18 June 2013)**

**(VC/BEF) Date:**

1. Applicant information

|  |  |  |
| --- | --- | --- |
| 1.1 | Applicant full name |  |
| 1.2 | Affiliation/ profession |  |
| 1.3 | Full postal address of applicant |  |
| 1.4 | Phone |  |
| 1.5 | Fax |  |
| 1.6 | Email |  |
| 1.7 | Please attach:Annexure 1: References from reputed persons or institutions(for applicant or company officials) | Tick if attached.State what has been attached. |

1. Company information

|  |  |  |
| --- | --- | --- |
| 2.1 | Name of Company (Regd or proposed) |  |
| 2.1.1 | Tick the correct option | * Proprietorship
* Partnership
* Pvt. Ltd
* Other
 |
| 2.1.2 | If other, please specify  |  |
| 2.2 | Address for correspondence (if different from above address of applicant) |  |
| 2.3 | Website of company |  |
| 2.4 | Nature of business |  |
| 2.5 | Please attachAnnexure 2: Outline of business; List of proposed products and services. | Tick if attached.State what has been attached. |
| 2.6 | Describe the role of technology in the business. Describe innovation being practised or proposed, if any.Annexure 3:Non-confidential outline of technology; Information on any patents filed. | Tick if attached.State what has been attached |
| 2.7 | Please attachAnnexure 4: Resume(s) of Bioentrepreneur and team members, if any. | Tick if attached.State what has been attached. |

1. Application for services

|  |  |  |
| --- | --- | --- |
| 3.1 | We wish to apply for Bio Enterprise Fellowship: | Yes/ No |
|  | Dedicated Lab Services/Office Suites (Essential) | Yes/ No Lab/Office suite #  |
|  | Eklavya Services | Yes/ No |
|  | Hot Labs Services | Yes/ No |
|  | Rent an address services | Yes/ No |
| 3.2 | For a period of |  |
|  | 6 months |  |
|  | 9 months |  |
|  | 12 months |  |

It is hereby declared that the undersigned has read and understood the terms and conditions of Venture Center’s Bio Enterprise Fellowship Program and accepts the same. The applicant also declares that he / she has read and understood the eligibility guidelines and terms and conditions for the individual services that they are choosing to sign up for.

The undersigned authorized representative of the applicant also declares that all the information given herein above is true and correct to the best of his/her personal knowledge and belief and also understands that in the event of any information found to be untrue or incorrect, the contract of the said services is liable to be terminated forthwith.

 For and on Behalf of

 (Name of the Company)

 (Name of the authorized signatory)

 Designation