Employees Incubation Form

Founder Name:

Contact Number:

Email:

Startup Name:

Startup Brief (100 Words):

Startup Sector:

Startup Subsector:

Startup Stage:

Pree Seed ☐ Seed ☐ Foundation ☐ Development ☐ Growth ☐

Support you need from NTU-BIC:

Business Incorporated:

Yes ☐ No ☐

Date: **Signature of Founder:**

HoD/Dean/Director