



NATIONAL TEXTILE UNIVERSITY  
BUSINESS INCUBATION CENTER (NTU-BIC)

Photo

**Incubation Application Form**

Name of the Startup: \_\_\_\_\_

Name of the Entrepreneur: \_\_\_\_\_

Age & Date of Birth: \_\_\_\_\_

Address for Communication: \_\_\_\_\_

Phone Number Residence: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Educational qualification:**

Degree	Name of School	Name of Department	Session

**Innovative Skills & Experience:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What motivates you to become an entrepreneur?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Brief description of Product and Business/Service:**

(Attach separate sheet)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal position:** Proprietorship / Partnership / Corporation / Private

**Start-up Year:** \_\_\_\_\_

**FUNDING**

Are you currently seeking funding? YES \_\_\_\_\_ NO \_\_\_\_\_

Please state funds needed: Rs: \_\_\_\_\_

Source of Funding (If you have)? \_\_\_\_\_

Have you ever prepared an operating budget? YES \_\_\_\_\_ NO \_\_\_\_\_

(Please enclose a copy, if available)

**MARKETING**

Do you have a marketing plan? YES \_\_\_\_\_ NO \_\_\_\_\_

Describe your products and/or services:

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Describe the market for your product and service:

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Who are your competitors? List top three, if known.

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What is your competitive advantage in this industry?

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How do you plan to market your product/service?

- Online
- Middle man
- Direct Retailing
- Sales force

**Service expected from NTU-BIC:**

Facilities	Yes	No
Workspace		
Shared office services		
Access to specialized equipment		
Management assistance		
Business planning		
Access to finance		
Technical assistance (Testing & Quality control etc.)		
Networking support		
Branding and marketing		
Patenting		
Mentoring/ Counselling		
Technology Upgradation (R & D)/Value Addition		
Wi-Fi		
Telephone		
Security		
Reception		

Date:

Signature of the Incubatee