**KCG INNOVATION INCUBATION**

**AND ENTREPRENEURSHIP CENTRE**

**APPLICATION FORM**

**INCUBATOR SUPPORT**

**TECHNOLOGY INCUBATION / RESEARCH/ CONTRACT RESEARCH**

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| 1. | Name of Organisation |  |
| 2. | Name, Age and Date of Birth of the Entrepreneur |  |
| 3. | Designation \*(please enclose detailed resume) |  |
| 4. | Address for communication |  |
| 5. | Phone No. |  |
| 6. | E-mail Id. |  |
|  7. | Are you an Alumnus of KCG?If Yes, please provide the detailsof Branch and Year of graduating |  |
|  8. | Nature of Incubation / Research |  |
| 9. | Stage of Incubation(Please select one) | Initial (Conceptual)Development (R&D)Technology / Product FormulationOthers(Specify) |
| 10. | List the name(s) of the Principal(s)/ Co promoters with Designation & Phone number(Add additional sheets, if required) |  |
| 11. | Legal Entity (Proprietorship/Partnership/Corporation) |  |
| 12. | Reason for applying at KCGIIEC |  |
| 13. | Space Required (No.of Seats) |  |
| 14. | Period for which the space is required |  |
| 15. | Expected outcome of the incubation at KCGIIEC |  |
| 16. | Market scope of your Technology/Research which is Incubated at the KCGIIEC(Add additional Sheets , if required) |  |
| 17. | Other support/services expected from KCGIIEC (Mark the required) | Laboratory FacilitiesUse of Conference roomUse of Training roomTechnical Services(Testing/Quality control/R&D/ value addition)Faculty/ Industry MentoringAccounting Branding/ Marketing /NetworkingIPR Related AssistanceAny other (Please Specify): |
| 18. | If accepted as incubatee, the minimum period before occupancy |  |
| 19. | Any other relevantInformation |  |

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| 20. | Reference (At least three) with Name, Organization, Designation, Contact Details |  |
| 21. | **DECLARATION****KCGIIEC**Date:Place: Signature of Applicant |

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| Please send the complete application form to**Dr.SumathiPoobal****Vice-Principal& Project Officer****KCGIIEC, KCG College of Technology,** **KCG Nagar, Karapakkam,** **Chennai – 600 097.** |

**Summary Chart (To be filled by the office)**

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| --- | --- |
| Application No. |  |
| Name of Applicant |  |
| Nature of Incubation |  |
| Amount of space required |  |
| Time period for which space is to be rented |  |
|  | **Vice Principal & Project Officer****KCGIIEC, KCG College of Technology, KCG Nagar, Karapakkam,** **Chennai – 600 097.** |