



APPLICATION FORM

**Incubator Support
Technology Incubation / Research/ Contract Research**

| | | | |
|----|-------------------------------------------------------------------------------|---|----------------------------------|
| 1. | Name of Industry/Organization/ Institute/Entrepreneur | : | |
| 2. | Name of Contact Person | : | |
| 3. | Designation * (please enclose detailed resume) | : | |
| 4. | Address | : | |
| 5. | Phone No. | : | |
| 6. | Fax | : | |
| 7. | e-mail | : | |
| 8. | Nature of Incubation / Research | : | |
| 9. | Stage of Incubation (Please select one) | : | Initial (Conceptual) |
| | | | Development (R&D) |
| | | | Technology / Product Formulation |
| | | | Others(Specify) |
| 10 | Number of People Involved/Name | : | |
| 11 | Reason for applying at HTBI | : | |
| 12 | Space Required | : | |
| 13 | Period for which the space is required | : | |
| 14 | Expected outcome of the incubation at HTBI | : | |
| 15 | Market scope of your Technology/Research which is Incubated at the HTBI | : | |



| | | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16 | Other support/services expected from HTBI (Mark the required) | : | Telephone Internet Fax Shared laboratory Use of Conference room Use of Training room Advisory / mointoring Services Accounting Services |
| 17 | If accepted as incubate, the minimum period before occupancy | : | |
| 18 | Any other relevant information | : | |
| 19 | Reference (At least three) with Name, Organization, Designation, Contact Details | : | |
| 20 | <p>DECLARATION The information provided above is true. Further the information given falls in public domain and I/we promise to abide by the terms of MoU to be signed between me/us and HTBI.</p> <p>Date: _____ Signature of Applicant</p> <p>Place : _____</p> | | |

Please send the complete application form to

Dr.Pon Ramalingam

Registrar

Hindustan University, Padur, Chennai - 603 103

Summary Chart (To be filled by the office)

| | |
|-----------------------------------------------------------------------------------------|--|
| Application No.(to be filled by the office): | |
| Name of Applicant | |
| : | |
| Nature of technology incubation/research incubation | |
| : | |
| Amount of space required : | |
| Time period for which space is to be rented : | |
| <p>_____</p> <p>HTBI & HEIC Registrar</p> | |