**Application Form: Lab Village Service**

(Revised on: 2nd November 2017)

**VC/Lab Village service/ Date:**

1. Applicant information

|  |  |  |
| --- | --- | --- |
| 1.1 | Applicant full name |  |
| 1.2 | Affiliation/ profession |  |
| 1.3 | Full postal address for correspondence |  |
| 1.4 | Phone |  |
| 1.5 | Fax |  |
| 1.6 | Email |  |

1. Company information

|  |  |  |
| --- | --- | --- |
| 2.1 | Name of company (Regd. or proposed) |  |
| 2.1.1 | Tick the correct option | * Proprietor * Partnership * Pvt Ltd * Other |
| 2.1.2 | If other, please specify |  |
| 2.2 | Alternative correspondence address (if different from above address of applicant) |  |
| 2.3 | Website of company |  |
| 2.4 | Nature of business |  |

1. Application for services

|  |  |  |
| --- | --- | --- |
| 3.1 | We wish to apply for the Lab Village Service at the Venture Center: | Yes/ No |
| 3.2 | Requirement \* |  |
|  | Required dates and duration (indicate a start and end date) |  |
|  | **Work Spaces (WSF)** | Please specify number of units required |
|  | Workspace combo units (1 wet workbench, 1 lab seats, 1 working desk, 1 table top units, 1 fume hood) *(Available: 3 in Lab suite Gamma @700 NIP)* |  |
|  | Floor space units (F) *(Available: 3 in Lab suite Gamma @700 NIP)* |  |
|  | Additional working desk (*Available: 2 in Lab suite Gamma @700 NIP)* |  |

\* Please note that minimum configuration must involve at least 1 work space unit, 1 lab seats, 1 working desk and 1 fume hood and 1 table top units.

1. Application for discounts

|  |  |  |
| --- | --- | --- |
| 4.1 | I wish to apply for the following discounts: |  |
|  | * Company has licensed technology from NCL |  |
|  | * Significant share of company is owned by persons (students, alumni, staff) with current or past affiliation to NCL |  |
|  | * Company is an incubatee of Venture Center |  |
|  | * Shared open lab discount |  |
| 4.2 | Please attach any attachments to support your claim for discounts (if required) |  |

It is hereby declared that the undersigned has read and understood the terms and conditions of Venture Center’s BioIncubator Lab space package and accepts the same.

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 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.

The application form once submitted cannot be cancelled and the applicant is liable to pay the charges towards the services applied for.

**Payment Terms:**

* All the charges towards the services applied are advance payments to be paid against the invoice raised.
* Payment Mode: Cheque/Draft/Cash, Please note that, cheque to be drawn in favour of "**Entrepreneurship Development Center**"
* Payment to be made by demand draft or cheque payable at per in Pune.

(Name of the Company)

For and on Behalf of

(Name of the company)

(Name of the authorized signatory)

Designation

(Name of the Company)