**Application Form: Eklavya Services(Last Modified: 10 March 2012)**

**(VC/AIP) 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 |  |
| 1.7 | Please attach:Annexure 1: References from reputed persons or institutions(for applicant or company officials) | Tick if attached.State what has been attached. |

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 |  |
| 2.5 | Please attachAnnexure 2: List of proposed products and services. | Tick if attached.State what has been attached. |
| 2.6 | Describe the role of technology in the business. Describe innovation being practiced or proposed, if any. |  |
| 2.7 | Please attachAnnexure 3: List of current directors and top management officials of company along with contact information and affiliations | Tick if attached.State what has been attached. |

1. Application for services

|  |  |  |
| --- | --- | --- |
| 3.1 | We wish to apply for Eklavya Services | Yes/ No |
|  | Advisory Services |  |
|  | VC Library Membership |  |
|  | IP services- Institutional membership |  |
|  | Induction into Associate Incubatee Program(for companies not residing at NCL Innovation Park) |  |
| 3.2 | For a period |  |
|  | 6 months |  |
|  | 12 months |  |
|  | 18 months |  |

It is hereby declared that the undersigned has read and understood the terms and conditions of Venture Center’s Eklavya Service 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.

 For and on Behalf of

 (Name of the Company)

 (Name of the authorized signatory)

 Designation