**Application Form: Soft Landing Program (Revised on: 2nd December 2014)**

**(VC/SL) 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 or organization currently employed with: |  |
| 2.1.1 | Tick the correct option for current employer: | * Company (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  |  |
| 2.4 | Nature of employment |  |
| 2.5 | Please attachAnnexure 1:One pager on the technology in discussion | Tick if attached.State what has been attached. |
| 2.6 | Please attachAnnexure 2: Letter from organization/employer showing consent to participate in Soft Landing program | Tick if attached.State what has been attached. |
| 2.7 | Please attachAnnexure 3: List of current directors and top management officials of company along with contact information | Tick if attached.State what has been attached. |

1. Application for services

|  |  |  |
| --- | --- | --- |
| 3.1 | We wish to apply for Soft Landing program  | Yes/No  |
| 3.2 | We wish to apply for (tick the correct option) | Dedicated lab space Dedicated full service office spaceHot desking service |
| 3.3 | Period ( indicate a start date and duration for which the service is required) |  |

It is hereby declared that the undersigned has read and understood the terms and conditions of Venture Center’s Soft Landing Programs 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.

 (Name of the authorized signatory)

 Designation