



Business Incubation Center Incubate Application Form



Instructions

In order for your application to be reviewed for consideration, the documents listed below must be submitted. It is important that these documents be submitted as soon as possible in order for the review process to begin for business incubator office.

Checklist

1. One Copy of your Business Plan.
2. Application Form
3. CINC of the Company Representative

Section 1: GENERAL INFORMATION

Business Name: _____

Business Address: _____

Entrepreneur Name: _____

Entrepreneur Home Address: _____

Entrepreneur Contact Information _____

Entrepreneur Email Address _____

Section II: BUSINESS DESCRIPTION

(a) Are you planning to start a business? YES _____ NO _____

Is your business :

_____ Partnership

_____ Sole Proprietorship

_____ Company

Starting date of your Business

Current Number of Employees:

Describe your
business:

What do you consider to be the three most significant factors that will affect your business in the next year?

1. _____

2. _____

3. _____

Do you have a business plan? YES _____ NO _____

Do you have a financial Plan? YES _____ NO _____

Section III: FUNDING

Are you currently seeking funding? YES _____ NO _____

Please state funds needed: Rs. _____

Source of Funding (If you have)? _____

Have you ever prepared an operating budget? YES _____ NO _____
(Please enclose a copy, if available)

Section IV: MARKETING

1. Do you have a marketing plan? YES _____ NO _____

2. Describe your products and/or services:

3. Describe the market for your product and service :

4. Who are your competitors? List top three, if known.

5. What is your competitive advantage in this industry?

6. How do you plan to market your product/service?

- _____ Online
- _____ Middle man
- _____ Direct Retailing
- _____ Sales force

7. Has a previous effort been made to sell your product/Services? YES _____ NO _____

(Describe: when, where, volume sold, produced by)

8. Please indicate additional research and development needs.
Please rank 1 to 5 (1 most important, 5 least important)

_____ Determine feasibility
 _____ Research
 _____ Obtain cost information
 _____ Analyze customer acceptance
 _____ Other (explain) _____

9. If you ever use any promotional tool for your product or service

Section V: FACILITY

1. Do you currently have an office? YES _____ NO _____
2. Do you need office in the BIC.UVAS premises YES _____ NO _____

Section VI: SERVICES

1. Do you currently have office support? YES _____ NO _____

Part-time: _____ Full-time: _____

2. How much do you now spend for: (estimate monthly cost)

Office personnel: _____
 Management consulting: _____
 Marketing services: _____
 Financial services _____

3. **Do you use:**

_____ Receptionist
 _____ Copying
 _____ Printing
 _____ Electronic mail
 _____ Other (specify below)

- Do you need:**

_____ Receptionist
 _____ Copying
 _____ Printing
 _____ Electronic mail
 _____ Other (specify below)

4. Please indicate types of training needed:

_____ Management
_____ Technical (specify) _____

_____ Marketing
_____ Financial

5. Do you need:

_____ Conference room
_____ Multimedia

This form represents an application and a formal request to become an incubate of the BIC. UVAS All information provided by the potential incubate will be kept strictly confidential. No liability will be assumed by the BIC UVAS

Signature: _____ **Date:** _____

Title: _____