



nutri-hub

A DST Supported: NIDHI- Technology Business Incubator (TBI)
Indian Institute of Millets Research (IIMR)
Rajendranagar , Hyderabad- 500030

Membership Application

1. Name of the enterprise : _____

a) Postal Address: _____

b) Telephone _____

c) Fax _____

d) Email _____

e) Website _____

2. Details of the contact person

Name: Dr/Mr/Ms _____

a) Postal Address: _____

b) Telephone _____

c) Mobile _____

d) Email _____



3. Organization details

3.1 Year of establishment:

3.2 Legal status:

Registered company

Others please specify _____
(provide copy of registration certificate)

3.3 Year of establishment:

3.4 Nature of business/service: (not more than 150 words) *(Enclose brochures and other publications supporting your activities)*

3.5 Number of employees:

3.6 Financial status of the organization (as applicable)

Investment and turn over details

(Note: Enclose copy of the audited statement for last year)

4. Incubation services required (please tick

Incubation service	Please tick
Business plan preparation	<input type="checkbox"/>
Access to technologies	<input type="checkbox"/>
Capacity building services	<input type="checkbox"/>
Product development support	<input type="checkbox"/>



Technical consultancy	
Business management consultancy	
Quality assurance services	
Access to Funding assistance	
Office space at the incubator	
Access to laboratories in the host institute	
Marketing /Networking support	
Brand building services	
Other please specify _____	

Provide details if you need office space

Space required Office: sq..ft Lab: sq. ft

Provide details if you need land for research trials

Area (in hectares) :

Provide details if you need office space

Area required in sq ft	
Electricity requirement to run machineries	
Telephone	
Internet	
Others please specify	

5. Any other relevant information which you wish to provide

Membership fee details :

Category	Start-Up	Small & Medium Enterprises	Multinational Companies
Year 1 (In Rs.)	10,000	15,000	30,000
Year 2 (In Rs.)	5,000	7,500	15,000
Year 3 (In Rs.)	5,000	7,500	15,000



BANK DETAILS (please include bank details of the incubator)

Account Name :
Bank :
Account No. :

MEMBERSHIP FEE PAYMENT DETAILS

Cheque no	
Bank	
Date	
Transaction Id (if electronic transfer)	

DECLARATION

I/We_____ solemnly declare that I/We will abide by the aims and objectives of the NIELAN-TBI. I/We are joining NIELAN-TBI voluntarily and will endeavor to promote NIELAN- TBI and remain loyal, active and disciplined members.

Affix passport size photograph of the authorized signatory

1. _____
Signature

Name of the signatory

Place:

Date:

Check list

1. Copy of registration certificate
2. KYCs of Incubatee
3. Brochure/profile of the company
4. Annual activity report (if applicable)
5. Audited statement for last two years(if applicable)



For office use only

Official	Remarks (recommended/ Not recommended)	Details of support requested	Signature
COO			

S.No	Name of the Committee Member	Remarks /Recommendations	Signature
1			
2			
3			
4			
5			