



## **nutri-hub**

"Technology Business Incubator (TBI)"  
Indian Institute of Millets Research (IIMR)  
Rajendranagar , Hyderabad- 500030

### **Application for Incubation**

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 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**

\_\_\_\_\_

\_\_\_\_\_



**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			