



A.G. Patil Institute of Technology, Solapur

(An Autonomous Institute)

MSME Incubation Center

INCUBATION APPLICATION FORM

Name/Proposed name of Start-Up/Company*:	
Focus Area:	
<i>(* If business entity has not been formed yet, please indicate the name of the Co-Founder/Founders of the startup):</i> Founder :	
Co-Founder :	
Name of Lead Entrepreneur (A separate resume may also be attached)	
1. Full Name:	
2. Gender:	3. Adhaar No.
4. E-Mail ID:	5. Contact No:
6. Educational Qualifications:	7. Name of faculty Mentor:
8. Postal Address:	9. Department-----

10. Brief Description (100 word) of the Product/Services/Technology business you plan to incubate in AGPIC:

Remarks:

11. Brief description of the R&D efforts and other technological inputs you hope to resource from AGPIC (Please also indicate names of faculty member(s), dept./centers of the Institute you plan to associate and equipment's facilities to be used)

12. How do you think your past experience is going to help you in this new venture?

**13. Have you estimated and identified your seed funding needs/ source?
Grants and Subsidies:**

Angel Investors:

14. What is the business you are planning to develop and in which City / Village / Region?

15. Why do you feel /believe that this business is good and will succeed in your City / Village / Region?

16. Have you interacted with the concerned faculty and has he/she/they consented to collaborate with you?

17. Who are your potential customers? What marketing tools will you use to sell your products or service?

18. Are there competitors for this business? If so what is your competitive edge? (Why would customers come and buy from you and not your competitor?)

19. How much money do you need to start this business? What do you need it for?

20. Infrastructure requirement for space, workstations or PCs:

21. List any special requirements for usage of AGPIC laboratory facilities:

22. Specify requirement of Mentoring and other professional services/ support:

23. Have you prepared a Business Plan? If yes, please submit a copy.

24. Please indicate your sources of funds

25. Profile of your Company

(Type of business, details as date of registration etc. ,membership of stock exchange if any, key personnel/associates, specific achievements etc.)

26. Profile of Directors and Promoters: (Attach brief resume)

27. Any other detail which would help in evaluating your proposal

Declaration:

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to incubate me at AGPIC/ cancel my application/eviction from the centre in future, if incubated/pre-incubated. I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information. In consideration for my application, I agree to abide by the rules and regulations of the AGPIC, which rules may be changed, withdrawn, added or interpreted at any time, at the AGPIC's sole option and without prior notice to me. I also acknowledge that my incubation may be terminated, or any offer or acceptance of incubation/pre-incubation withdrawn, at any time, with or without cause, and with or without prior notice at the option of the AGPIC or myself.

Name of Applicant/s:

Signature of Applicant/s

Date:

Place: Solapur

Signature of Department Faculty Coordinator

Signature of Head of Department

Signature of CEO-AGPIC	Signature of Principal- AGPIT
Kindly send a hard copy of filled application of this application with required documents to:	
a) CEO Incubation Center, A. G. Patil Institute of Technology, Solapur	
b) Principal A. G. Patil Institute of Technology, Solapur	