

CAUVERY COLLEGE FOR WOMEN (AUTONOMOUS)

ENTREPRENURSHIP DEVELOPMENT CELL

STUDENT INCUBATION CENTRE

APPLICATION FORM –INTERNAL INCUBATEE

Application No:

Date:

I GENERAL INFORMATION

- 1. Name of the Applicant:
- 2. Date of Birth
- 3. Age : Below 20 21-30
- 4. Designation : Student Faculty
- 5. Phone Number :
- 6. Mail ID
- 7. Postal Address :
- 8. Website (if any) :
- 9. Name of the Institution studying/studied:

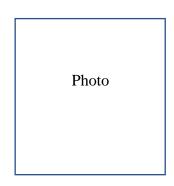
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- 10. Current professional /employment status:
- 11. Date of joining the Incubation:

II Affiliation with Cauvery College for Women (IF ANY): Alumni / Student (Mention the Department)

Educational Qualification

Post Graduate:Under Graduate:Degree/Year:Degree/Year:Area of Specialization:Area of Specialization:University/Institution:University/Institution:



III Incubatee inside the campus

Company name:

Service:

IV OTHER RELATED INFORMATION

- a. The registered incubate should not discontinue during the minimum period of service (per semester), if so, a penalty will be charged.
- b. Acknowledged certificate will be issued only if 100 % attendance is earned.
- c. Follow the ethics of SIC -Discipline, Covid hygiene measures, Satisfied Customer service, maintenance of infrastructure and documentation.

Note: Kindly submit a hard copy of filled application with required documents

DECLARATION

I, ______, hereby certify that the information furnished in the application form is true, complete and to the best of my knowledge.

Date and Place:

Signature of the Applicant

RECOMMENDATIONS OF THE FORWARDING ORGANIZATION

The application has been screened and evaluated by Student Incubation Centre Committee members.

Date and Place:

SIC Coordinator

Signature of Head of Institution with seal