

APPLICANT INFORMATION

Name:

CNIC No:

Emp ID/ P.No:

NTN No: *(Optional)*Gender: Male Female

Phone No:

Current address:

Business address: *(Optional)*

Email Address:

Partners / Co-Founders *(If any)***BUSINESS ACTIVITY DETAILS**Type of Business: Manufacturing Service Other *(Please Specify)*

Legal Entity:

 Proprietorship Partnership Other *(Please Specify)*

No of Employees:

Need for the Product/Service? *(Additional Sheet may be attached)*Product/Service Description *(Additional Sheet may be attached)*Prospective Markets *(Additional Sheet may be attached)*Describe the business model? *(Additional Sheet may be attached)*

Financial Facility Required	<input type="radio"/> Yes <input type="radio"/> No
Total Amount Required for Start-up (Not More than PKR 500,000/-)	

DECLARATION BY APPLICANT

I the undersigned, duly understand, affirm and certify that:

- I am fully authorized to represent my business and/or business associates on its/their behalf.
- I am completely aware of the applicable terms and conditions in applying to Faculty Startup Program.
- I shall submit all required documents and cooperate with Business Incubation Centre in every respect.
- BIC reserves the right to accept or reject any application, at any stage. BIC's decision to my/our application will be final and incontestable and applicant will not appeal against the decision.
- The information provided in this application is correct to the best of my knowledge & belief.
- I authorize BIC to verify information provided on this form.
- The Incubatee will share its financial statement annually.
- I declare that I would only utilize funds for subject start-up business.

Name :	Designation:	Signature:
CNIC :		
<i>In Case of Co-Applicant (If any)</i>		
Name :	Designation:	Signature:
CNIC :		