

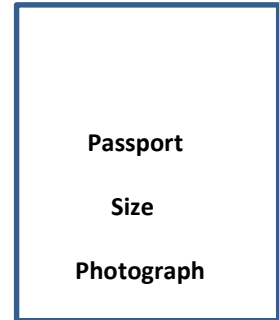


Centre For Entrepreneurship, Innovation & Skill Development

(CEISD)

CEISD Startup Incubation Fellow Programme

REGISTRATION



Registration No..... Date :.....(Allotted By CEISD Office)

Name :

Full Address :
.....

E Mail ID :

Mobile No.....

Institute

Class & Batch.....

Proposed Business Sector

Proposed Location.....

Approx. Capital to be invested (in Rs.).....

Fee Amount.....Mode of Payment.....Payment Detail.....

Applicant Signature:

(Approved By)

Date :

Chairperson – CEISD

Encl: Synopsis of Business Plan

Approval Date :

