



Centre For Entrepreneurship, Innovation & Skill Development

(CEISD)

CEISD Startup Incubation Fellow Programme

Synopsis of Startups Business

Name

Full Address

Contact No. E Mail.....

Educational Qualification.....

Father’s Occupation.....

Earlier Business Detail/Fresh Startup.....

Industrial Experience

Proposed Business Sector

Proposed Name : Firm Name.....Brand Name.....

Proposed Form of Startups :

Proprietorship/Partnership/LLP/Private LtdNo. of Promoters

Proposed Location : District :.....Town:State :

Details of Products or Services :.....

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Proposed Marketing Area.....

Present Human Resource.....

Present Infrastructure Facility.....

Approx. Capital to be invested (in Rs.) : Self :.....Finance:

Applicant Signature:

Date:

Synopsis Approval Date :

(Synopsis Approved By)

Chairperson – CEISD ,SMS, Varanasi

