

**Dr. Sau. Kamaltai Gawai Institute of Engineering & Technology,  
Darapur-444814, Dist.-Amravati, (M.S.)**

Innovation and Incubation Center

Registration Application Form

Personal Information:

1. Full Name: \_\_\_\_\_
2. Gender: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Nationality: \_\_\_\_\_
5. Address: \_\_\_\_\_
6. Contact Number: \_\_\_\_\_
7. Email Address: \_\_\_\_\_

Educational Background:

1. Degree(s) Obtained: \_\_\_\_\_
2. Institution(s) Attended: \_\_\_\_\_
3. Year(s) of Completion: \_\_\_\_\_

Business/Innovation Details:

1. Title/Name of Project: \_\_\_\_\_
2. Brief Description of Project: \_\_\_\_\_
3. Stage of Development: \_\_\_\_\_
4. Target Market/Customers: \_\_\_\_\_

- 5. Unique Selling Proposition: \_\_\_\_\_
- 6. Potential Competitors: \_\_\_\_\_
- 7. Intellectual Property (if applicable): \_\_\_\_\_

Support Requirements:

- 1. Space/Infrastructure Requirements: \_\_\_\_\_

\_\_\_\_\_

- 2. Technical Assistance Required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 3. Funding/Investment Required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Declaration: I hereby declare that the information provided in this application form is true, accurate, and complete to the best of my knowledge. I understand that any false information or misrepresentation may result in the rejection of my application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit the completed application form along with any supporting documents to the Innovation and Incubation Center at Dr. Sau Kamaltai Gawai Institute of Engineering & Technology, Darapur. For any inquiries or assistance, please contact the center at [9421789043] or [nil.ghotkar@gmail.com].