



CAUVERY COLLEGE FOR WOMEN (AUTONOMOUS)

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

Photo

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

Educational Qualification

Post Graduate:

Degree/Year:

Area of Specialization:

University/Institution:

Under Graduate:

Degree/Year:

Area of Specialization:

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 SHINE0 -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 SHINE Business Incubation Centre Committee members.

Date and Place:

Incubation Coordinator

Signature of Chairman of Incubation