



**KHADIJA-TUL-KUBRA BUSINESS INCUBATION CENTER
APPLICATION FORM FOR STARTUP REGISTRATION**



Date: _____

PERSONAL INFORMATION

Team Lead (in case of more than one member)

- (a) Full Name: _____ (b) LCWU Reg. ID: _____
(c) Degree Program: _____ (d) Semester: _____
(e) Email Address: _____ (f) Cell/WhatsApp #: _____
(g) Supervisor Name (if any): _____

Team Members Information

1. (a) Full Name: _____ (b) LCWU Reg. ID: _____
(c) Degree Program: _____ (d) Semester: _____
(e) Email Address: _____ (f) Cell/WhatsApp #: _____

Note: In case of more members attach their details also:

PROPOSED STARTUP INFORMATION

Startup Name: _____

Type of Business (Manufacturing / Designing / Servicing /Technology/Any other)

Business Plan (Attach additional sheets if required)

A. Business Concept

Description of Business.

Product / Service that will be offered.

What is the target market?

What competitive advantage will or currently your team holds?

B. Financial Features

What are your funding needs?

How much funding is available to you?

What are your main sources of funding?

Government incentive / funding options you are planning to avail:

C. Marketing Plan

What is your "Promotion Plan"?

What is your sales potential?

Applicant Signature

Remarks by Supervisor/CoD (if any): _____
