

**APPLICATION FORM FOR AVAILING INCUBATION SERVICES AT JBAS-  
BUSINESS INCUBATION CENTRE**

Name of Business:

Name of Lead Entrepreneur:

Reason to become an Entrepreneur:

Father/Guardian Name:

Age:

Phone:

Mobile:

Email:

Postal address / Residential Address

PHOTO

**Educational Information**

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Name of the college/university

Highest Qualification :

Year of Passing :

**Research Experience**

Area of Specialization :

Research experience in Years:

**Business Information**

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**Type of Business:**

**Type of Services:**

**Type of Technology:**

**How long have you been in business?**

1. Initial Stage
2. Less than a year
3. Less than 5 years
4. More than 5 years

**Form of business**

Sole Proprietorship :

Partnership :

Company Pvt Ltd :

**Partners Details**

Name:

Educational Qualification:

No of years of experience:

Phone :

Mobile:

Email: Postal address / Residential Address:

**Services expected from JBAS-Business Incubation centre**

1. Telephone facility
2. Business Consulting service
3. Web Access
4. Use of Incubation room
5. Parking
6. Advisory services
7. Legal Advise
8. Extending Finance
9. Branding and marketing
10. Any Others



**Applicants Signature:**

**Date:**

**Place:**

**The completed application may be emailed to: [jbasincubation@gmail.com](mailto:jbasincubation@gmail.com)  
or printed and filled copy may be submitted to**

**The Director, JBAS – BIC**

**JBAS College for Women**