



Vaikunth Mehta National Institute of Cooperative Management Incubation Centre

Incubation Center Application Form

Section 1: General Information

1. Name of Business : (required)

2. Address of Business: (required)

3. Contact Number: (required)

4. E-mail ID/ Website: (required)

5. Have you registered your Business?

No

Yes

If Yes, Please provide your registration number:



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6. *Type of your business:*

- *Partnership*
- *Sole Proprietorship*
- *Private Limited Company*
- *Public Limited Company*

7. *Number of Employees in your business*

8. *What kind of business are you planning to run? (i.e. Industry)*

9. *Describe your business idea:*

10. *Describe your product/ services:*



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12. Key Contact Person's/Director's information:

- *Name*
- *Designation*
- *Address*
- *Contact Number*
- *Email ID*

Section 2: Financing

1. Please state funds needed for the business:

2. How much you can finance your business from equity?

- *Shareholders Structure*



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- *Name of Shareholders*
- *Equity (%)*
- *Amount*

3. Are you currently seeking funding?

- *Yes, If Yes, Kindly comes up with Investment Plan.*

Section 3: Facility and Services

1. Do you currently have an office?

- *Yes*
- *No*

2. Do you need office in the VAMNICOM?

- *Yes,*
- *If Yes, Kindly specify the need and its usage*

Section C: Please explain your Revenue Model in brief.



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Section D: Please give you upcoming 5 years Milestones to flourish your business model.



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Section E: How cooperative ecosystem will benefit for the business model. What will be your role as a startup.

Signature:

Date: