

Samridhi Sarwajanik Charitable Trust's  
**JHULELAL INSTITUTE OF TECHNOLOGY**  
**Entrepreneurship, Innovation and Incubation cell**  
Off Koradi Road, Lonara, Nagpur. Contact No.: 82086 39771  
E-Mail ID : eiic@jitnagpur.edu.in Visit us at : www.jitnagpur.edu.in  
Vision: To become an eminent institution through knowledge & research.



Application Form for Incubation at – EIIC, JIT, Nagpur

(\*) are mandatory fields

**Personal Details**

**First Name \***

**Middle Name**

**Last Name \***

**Email ID\***

**Mobile Number \***

**Alternate Mobile / contact Number \***

**Address \***

**Current Company Details**

**Company Name \***

**Current Job Designation\***

**Company Registration Number\***

**Registration Year \***

**Management Team \***

**Current turnover of company \***

**Current Location \***

**Current team size \***

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## **Project Details**

### **Proposed Project Description to be Carried out at EIIIC, JIT, Nagpur**

**a) Background details of the Project proposed \***

**b) Technical Details \***

**c) Advantage over the current similar technology available in the market \***

**Enlist Support required from EIIIC**

**a) Equipment \***

**b) Others \***

**Other Details of your Business/ proposals**

**Marketing Strategy \***

**Funding status to support the proposed project \***

**Please specify duration for which EIIIC JIT facility is required (space and equipment) \***

**Is your company incubated at any incubator at present? If yes, then kindly specify the name of incubator and the current status of the incubation \***

**Does the proposed project involve use of clinical samples, human samples (urine, blood or any tissues) or microbial pathogenic strains? If Yes, then kindly specify the nature of the biological sample**

**Please specify, if any biosafety clearance or ethical clearance required for the proposed project to be executed at EHC JIT\***

**Number of your employees who will be working on your proposed project at any given time in EHC JIT premise\***

**Upload / Attach Document**

**Business plan\***

**Other supporting Document \***

**Signature of**

**Applicant**

**EHC Incharge**

**Principal**