

4. Alternate Contact person

First Name																				
Middle Name																				
Last Name																				

Postal address

City/Town																				
District																				
State																				
PIN																				

Phone

STD Code																				
STD Code																				
STD Code																				
Mobile																				
Email																				

5. Particulars of two main Promoters/ Directors / Partners / Sponsors of Institution/Agency

First Name																				
Middle Name																				
Last Name																				
Postal address																				
City/Town																				
District																				
State																				
PIN																				

First Name																				
Middle Name																				
Last Name																				
Postal address																				
City/Town																				
District																				
State																				
PIN																				

6. Legal status of the institution /Agency

(Please enclose an attested copy of the registration certificate)

[Annexure-A]

Company	Firm/Society	Society	Association	Trust	Other

If Any other, please specify. _____

7. Please confirm whether in operation for the last 3 years

YES	NO
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8. Brief note on background of the Institution/Agency including objectives/activities :
 (Please enclose Annual Reports and Audited Accounts for last three years) [**Annexures B, C & D**]

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9. Experience of the organisation in conducting entrepreneurship related activities/programmes :

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10. Names of two key functionaries (who shall undergo training for the implementation of the scheme) with Biodata (to be attached) [**Annexures -E & F**]

Name																			
Designation																			
Area of specialization																			
Experience in number of years																			

Name																			
Designation																			
Area of specialization																			
Experience in number of years																			

11. Whether any planning and preparatory activities already undertaken for the proposed activities

(If yes, enclose a copy of preliminary survey/study etc.)

YES	NO
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[Annexure-G]

12. Proposed action plan for three years (please indicate targets for each year)

[Annexure-H]

13. Linkages with the other institutions of the region as well as the industries

[Annexure-I]

14. Particulars and background of all members of the core team/committee constituted for undertaking handholding activities

[Annexure-J]

Certified that the above information is correct to the best of my knowledge and belief.

Place :

Signature

Date :

(Name and Designation of the authorised signatory)

Note : Separate sheet(s) to be attached for any additional information not covered above.

CHECKLIST FOR ANNEXURES

Annexure	Details	Yes	No
Annexure-A	Legal status of the institution /Agency (Attested copy of the registration certificate)		
Annexure-B	Annual Reports and Audited Accounts for previous first year		
Annexure-C	Annual Reports and Audited Accounts for previous second year		
Annexure-D	Annual Reports and Audited Accounts for previous third year		
Annexure-E	Biodata of first key functionary who shall undergo training for the implementation of the scheme		
Annexure-F	Biodata of second key functionary who shall undergo training for the implementation of the scheme		
Annexure-G (If applicable)	Whether any planning and preparatory activities already undertaken for the proposed activities		
Annexure-H	Proposed action plan for three years (please indicate targets for each year)		
Annexure-I	Linkages with the other institutions of the region as well as the industries		
Annexure-J	Particulars and background of all members of the core team/committee constituted for undertaking handholding activities		

**Recommendations of the General Manager, District Industries Centre
(For Category-III Only)**

Recommended for empanelment: (Please tick)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks :		
Date :		
Signature of GM, DIC or Authorised Signatory		
Name :		
Designation :		
Seal :		

**Recommendations of the Commissioner/Director of Industries
(For Category-II & Category-III Only)**

Recommended for empanelment: (Please tick)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Remarks :		
Date :		
Signature of Commissioner/Director, Industries or Authorised Signatory		
Name :		
Designation :		
Seal :		