CAMBRIDGE INSTITUTE OF TECHNOLOGY Tatisilwai, Ranchi

CIT-RISE

(Ready for Innovation, Start-ups and Entrepreneurships) A Technology Business Incubator

Pre	escribed Format for Application for Incubatio Pvt. Partnership		d Company/LLP/
Appl.	No.(To be Filled-in by Incubator): CIT(R)/IC	C/RISE/20/	_
Date	of Application:		
Categ	gory of Application: Internal (Bonafide Stud	dent/Faculty)	
	External (Alumni/Stud	dent/Faculty/Organiza	tion)
Name	e of Applicant Company:	•	,
	ute name (For External Students/Faculty):		
	es of all Promoters/Directors/Members/Studer		
Sr. No.	Name of the Promoters/Directors//Members/Students	Aadhar No./College Roll No. (If applicable)	Contact number
(Add	additional names of team members in a separate	sheet if required)	
Team	Leader/Representative Name:		
Conta	act Number: Email I	D:	
Brief	description of the Idea (max 500 words, use a	dditional sheet if nee	ded):

Awards and Recognitions (In	any), Attach relevant certi	ificates/proof		
Support required from the details if applicable):	Institution (Tick the appro	opriate box and also mention other		
Incubation space (Men	tion Area in sqft.):			
	Seed funding/grants (for Prototyping): INR			
IPR Support: NR				
Investment (for Commercialization): INR				
Laboratory Equipment	or Apparatus:			
Any Other:				
	Place·	Date:		
	11400	Butc.		
	FOR OFFICIAL USE ON	NLY		
Remarks on the application: _				
Signature of the Authority:				
Date:				