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**Incubation Centre Admission Form**

Tool & Technology Institute, BITAC

Ministry of Industries

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| --- | --- |
| 1. **Company Name:**
 |  |
| 1. **Related Person:**
 |
| **Name** | **Designation** | **Qualification** | **Age** |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| 1. **Company Details:**
 |  **Proprietorship** |  **Partnership Limited Company** |
|  |
| 1. **Mentor:**
 |  **Yes /** | **No** |  |
| **(If yes):** | **Name:** |  |
|  | **Address:** |  |
|  |
| 1. **Description of Business:**
 |  |
|  |
| 1. **Scope of Work:**
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|  |
| 1. **Present status of Business:**
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|  |

**Applicant Signature & Name**

**Date:**