

Incubation and Mentorship Support for Startups at CED Naroda Campus

Important Instructions to the candidates

1. Please fill both Section A- Section B
2. Please send the hardcopy (through courier or post) **OR** softcopy of the application form with necessary documents/Certificate/Marksheets as mention in the Application form on or before 31.12.2019, 5.00p.m. Below mention is the address for the hardcopy

The Center for Entrepreneurship Development
(A Government of Gujarat Organization)
Plot No. 87-88, GIDC Phase 2, Nr. Samrat Namkeen, Reliance Road,
Naroda, Ahmedabad-382330
Phone-(079) 22814137

For Soft copy, Registration form has to be downloaded by the applicant, fill it and Scanned it and send via email. The email Id: info@cedgujarat.com

3. Please attach your detailed CV and other documents as mention in Application Form. In Application form if more space is required, mention it on another worksheet.
4. Candidates in their own interest are advised to apply and submit Application promptly and not to wait till the last Date/Timefor applying. CED shall not be responsible if candidates are not able to submit their application after 31.12.2019, 5.00p.m.

REGISTRATION FORM

Section A- Basic Details

• **Applicant (Innovator's) Name:** 1 _____
(Here it can be individual or Team) 2 _____
3 _____

• **Marital Status:** Married/Unmarried **Mobile No:** _____

• **Address for Residence:**

Present Address: _____ Permanent Address: _____

Email ID: _____

• **Date of Birth:** __/__/__ (DD/MM/YYYY)

• **Gender:** 1) Male 2) Female

• **Caste:** 1). General 2) SC 3) ST 4) OBC 5) Others, Please Specify _____

• **Profession:** 1) Student

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2) Salaried Person

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3) Business Person

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4) Home Maker

☐

5) Unemployed

☐

• **Education Qualifications (Attach necessary Marksheets/Certificates)**

Sr.No.	Degree/Certificates	Board/University	Name of School/ College/Institutes	Year of Passing	% of Marks or Grade
1.	Non Metric				
2.	S.S.C.				
3.	H.S.C./ITI				
4.	Graduate				
5.	Post Graduate				
6.	Others				

• Family Information

Sr. No.	Family Particulars	Relationship	Occupation

- **Project Formation:** 1) Individual 2) Group
- **Have you undergone to the Entrepreneurship Development Training by CED, Naroda Campus?** 1) Yes If Yes, please attach the Certificate 2) No Any Other Training Institute, Please Specify _____
- **Is the innovation project:** 1) Product 2) Process 3) Service
- **Field/Sector of the innovation project:**
- **How do you get Motivated for the Start-Ups? (Spark of the Idea)**
- **Why do you think that your idea/project is an innovative idea/project?**

Section B

1. Name: _____ (Here it can be individual or Team)

2. Key people

Please give name and education qualifications of the team. Attach detail CV, Achievement and write up to domain expertise.

Sr. No.	Name	Education

- Please write about the Business Plan (100 words):

- Please write about the market you are targeting:

- What is unique about the product/process/service?

- **Describe the technology in brief that you are going to use:**

- **Your Vision:**

Date:

Signature: