

CRESCENT INNOVATION & INCUBATION COUNCIL

Startup Enquiry form

Date:

Serial No: -

Startup Details :

1	Startup Name	
2	Startup company name	
3	Address:	
4	Contact number	
5	Email ID	
6	Gender	
7	Proposed Idea / Concept	

Problem Identified:

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Solution for the Problem:

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9. Sector :

☐

Life Science

☐

Industry 4.0

☐

Clean & Smart Mobility

☐

Others

10. Support required :

☐

Mentor

☐

Money

☐

Market Connect

☐

Others

Others please specify :

11. Referred by / Source :

Startup Signature

(To be filled by Selection Committee)

Status of the Application: Accepted / Rejected

- Innovative Ideas (Technology / Business Model)
- Commercialization
- Feasibility / Scalability

Comments (if any):

HOD Name :

Department :

HOD Signature :

Signature

HOD – INCUBATION