



Tamil Nadu Agricultural University

Agri Business Incubator

Membership Application

Category-A: Individual farmers & Self Help Groups

Affix Passport size photograph of the signatory

1. Name : _____
(Individual /Organization)

*(If you are an individual farmers provide copy any one of the following 1. Voters Id
2. Ration card)*

If a NGO/Farmers Association/ Self Help Group provide the following details

Registration details

Is your organization registered? Registered Unregistered

Registration Number: _____
(Enclose copy of bye laws)

Name of the authorized signatory: _____

2. Address for communication

Tel (with STD code) _____

Mobile _____

E-Mail _____

3. Educational status:

4. Experience in farming

5. Business venture interested and details

Farm venture New/Innovative venture Seed venture

6. Details of innovative ventures

7. Services expected from Agri Business Incubator

(Tick the appropriate box and provide details under the respective heads)

Technology transfer

Name of the technology: _____

Training

Name of the training area: _____

Field visit

Marketing facilities

Other facilities/services required if any, please specify

8. Seed sample required

Crop

Variety

9. Mode of payment details (Rs 10000)

Cash / Cheque / Demand draft

10. Any other relevant information

11. Declaration

I/We hereby state that the above-mentioned particulars are true, to the best of my/our knowledge and information. I/we also state that no relevant material fact has been suppressed while applying for the membership of Agri Business Incubator at TNAU
 I/We am/are aware of all the provisions given under the membership guidelines and abide by the decisions taken by ABI-TNAU.

Place _____

Signature _____

Date _____

Name _____

For office use only

Official	Remarks (recommended/ Not recommended)	Details of support
Business Manager		
Professor and Co-PI		

Remarks	<p><u>Director ABD</u> Approved /Not approved</p>	Signature
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