



# Tamil Nadu Agricultural University Agri Business Incubator

## Membership Application

*Category: B&C: Farmers' Associations, Individual entrepreneurs, firms, Public/private limited companies and others*

1. Name : \_\_\_\_\_  
(Individual /Company/Organization)

b) Address \_\_\_\_\_  
\_\_\_\_\_

c) Telephone \_\_\_\_\_

d) Fax \_\_\_\_\_

e) Email \_\_\_\_\_

f) Website \_\_\_\_\_

Note: In the case of a foreign firm or a company in formation, the local contact address and telephone number should be given

2. In case of a firm/farmers association/NGO/ private or public limited company provide the following details

Name and address of the promoter/head of the organization

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year of establishment

Nature of business/service  
(provide copy of bye laws/ROC)

Number of employees

Activities and achievements

*(Enclose brochures and other publications supporting your activities)*

Other details (as applicable)

PAN number:

TIN /TNGST number:

SSI registration number

**Financial status**

Investment and turn over details (as applicable)

*Note: Enclose copy of the audited statement for the last year*

3. Name of the Authorized signatory \_\_\_\_\_

Designation \_\_\_\_\_

Experience \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e) Telephone (with STD code) \_\_\_\_\_

f) Mobile: \_\_\_\_\_

4. Business venture interested and details

- Farm venture     New/Innovative venture     Seed venture  
 Food processing venture     Biofuel venture

Others if any \_\_\_\_\_

5. Nature of Business proposal in Agri-Business Incubator (*details of innovation / business*)

- > Objective
  
  
- > Uniqueness of technology (Product / Process)
  
  
- > Market potential
  
  
- > Financial plan (investment and expected returns)
  
  
- > Time span for commercialization

5. Services expected from TNAU 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

Infrastructure facilities

Provide details

Space required                      Office:                      sq..ft                      Lab:                      sq. ft

Facilities (equipments and others)

Others if any

Field trials

Provide details

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Business consultancy

Provide details

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Basic amenities required (electricity, water, telephone, internet)

Provide details

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Other facilities/services required if any, please specify

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6. Any other relevant information

7. Membership fee payment details: (Rs. 30,000/=) Cash / Cheque /Demand draft

*(DD or cheque in favour of "Director, Agri Business Development, TNAU" payable at "Coimbatore*

DD/Cheque Number and Date : \_\_\_\_\_

Name of the issuing bank : \_\_\_\_\_

Name of the branch : \_\_\_\_\_

8. 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 TNAU-Agri Business Incubator.

I/We am/are aware of all the provisions given under the membership guidelines and abide by the decisions taken by TNAU ABI.

Affix passport  
size photograph  
of the authorized  
signatory

1. \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of the signatory

Place:

Date:

Check list

1. Copy of bye-laws/ ROC
2. Brochure/profile of the company
3. Copy of PAN card /TNGST certificate/TIN number details
4. Annual activity report (if NGO)
5. Audited statement for last two years
6. Copy of ration card or Voters Id (for individual entrepreneurs)

For office use only

Official	Remarks (recommended/ Not recommended)	Details of support
Asst. Manager (Basic criteria)		
Director/HOD (resource and delivery criteria)		
Deputy COO, ABI-ICRISAT (technoeconomic viability)		
Chief Operating Officer (objective and financial criteria)		

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