

SIESGST Pre-Incubation Cell Application Form

Personal Information

- **Full Name:** _____
- **Email Address:** _____
- **Contact Number:** _____
- **Current Address:** _____
- **Gender:** _____
- **Date of Birth:** _____
- **Educational Background:** _____

Startup Details

- **Startup Name:** _____
 - **Sector/Industry:** _____
 - **Brief Description of the Startup:** _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - **Current Stage of Development (Idea/Prototype/Beta Launch, etc.):** _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
-

Team Information

- **Number of Team Members:** _____
- **Names and Roles of Team Members:** (Name/Role) _____
- _____
- _____
- _____
- _____
- _____
- _____

Business Model:

- **Describe your business model and revenue streams:**

 - _____
 - _____
 - _____
 - _____
 - **Competitive Landscape:** _____
 - _____
 - _____
 - _____
 - _____
 - **Target Market and Customers:** _____
 - _____
 - _____
 - _____
 - _____
-

Support Needs

- **What kind of support do you require from the Pre-Incubation Cell?:**

- _____
- _____
- _____
- _____

- **Any specific areas where you need assistance or guidance?:**

- _____
- _____
- _____
- _____

Submission

- **Online Submission:**
 - Email the PDF form to: principalgst@sies.edu.in
 - **Offline Submission:**
 - Print and complete this form.
 - Deliver the printed form to:
 - Dr. K. Lakshmisudha, Principal, SIES Graduate School of Technology, Sri Chandrasekarendra Saraswathy Vidyapuram, Plot 1-C D E, Sector V, Nerul, Navi Mumbai- 400706, Mobile: 9987512269, Office :022- 61082401
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