Application for KUBIC Participation

Complete and return this application to <bic@ku.edu.np>

Company Background						
Company/Pro	ject Name:					
Primary Contact:		Mr. / Ms.				
Other Member Name						
Please provide a brief description of your business/idea:						
Trease provide a b	Tier description	ni oi your business/idea.				
D: C -1	T. C					
Primary Contact	Information					
Address						
Phone:						
Email:						
			_			
Team (including	yourself)					
Member #1:	Mr./Ms.		Position:			
Member #2:	Mr./Ms.		Position:			
Member #3:	Mr./Ms.		Position:			
Member #4:	Mr./Ms.		Position:			
Member #5:	Mr./Ms.		Position:			

Product/Service				
List each product/service that your company intends to market:				
Market				
Who are your potential customers, and what is the size of you	ur market?			
Who are your key competitors?				
Intellectual Property				
Does your project/idea is patentable?	Yes:	No:		
Do you have intention for patent registration?	Yes:	No:		
List any other safety/health hazards:				
Access to Lab / Equipment Needed				
(KUBIC provide approval of any lab / equipment / process also help connect to appropriate agency / institution within				
List the types of equipment/machines that your company exp				
List the types of equipment/machines that your company exp	ices to use.			

KUBIC Shared Office Space Use	
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Are you applying for virtual/ residential candidate?	
If residential, how many people will work at KUBIC	
snace?	

What aspects of your Business/Project/ Idea require assistance from KUBIC?		
Office sp	pace	
Compute	er (Not more than One for one group)	
Printer/	Communication facilities	
Internet	facility	
R&D fac	cilities (access to Laboratory, Library and research center)	
Business	s plan assistance	
Adminis	trative and secretarial service supports	
Business	s registration support	
Mentoria	ng, Advising	
Legal se	rvices support	
Branding	g/Labeling/Designing	
Entrepre	neurship/ Skill development trainings	
Observa	tional industrial tours	
Marketin	ng support	
Business	s networking support	
Network	ing Investor/Financing Strategy	
Recomm	nendation	

Certification

My signature below certifies that all the information contained in this application is true and complete. I also understand that the information contained in this application will be used only to determine my eligibility to lease space in KUBIC and will be kept confidential.

Applicant Signature	Title	Date