LEADS INCUBATION CENTER (LINC)

Date: _____

INCUBATE REGISTRATION FORM

Team Lead/ Principal Investigator Information:

Name: _____ **ID/Designation: _____**

Degree Program: _____ **Semester: _____**

Email Address: _____ **Cell #: _____**

Incubate Team Members Information

1. Name: _____ **Reg. ID: _____**

Degree Program: _____ **Semester: _____**

Email Address: _____ **Cell #: _____**

2. Name: _____ **Reg. ID: _____**

Degree Program: _____ **Semester: _____**

Email Address: _____ **Cell #: _____**

3. Name: _____ **Reg. ID: _____**

Degree Program: _____ **Semester: _____**

Email Address: _____ **Cell #: _____**

Note: In case of more members, attach their details in a separate sheet.

PROJECT/ STARTUP PROPOSAL INFORMATION

Project Title:

1. **Major Area** (Manufacturing / Trading / Servicing /Technology/Any other)
2. **Discipline:**
3. **Duration of Project:**
4. **Industrial Sector:**
5. **Project Brief:**
6. **Objectives of the Project:**
7. **Methodology**:
8. **Expected Outcomes:**
9. **Previously Funding** Yes/No
10. **ACKNOWLEDGEMENT**

- Certified that this project has not been presented in any previous PINTECH event hosted by PHEC. YES/ NO.
- Confirmed that this project has been approved by Vice Chancellor / Rector of the University.

_____

Applicant Signature