**Application Form: Service Support Package for Fellows**

**(Created on 6th January 2017)**

**VC/SSP-Fellows/ Date:**

1. Applicant information

|  |  |  |
| --- | --- | --- |
| 1.1 | Applicant full name |  |
| 1.2 | Affiliation/ profession |  |
| 1.3 | Full postal address for correspondence |  |
| 1.4 | Phone |  |
| 1.5 | Fax |  |
| 1.6 | Email |  |

1. Company information (if applicable)

|  |  |  |
| --- | --- | --- |
| 2.1 | Name of company (Regd. or proposed) |  |
| 2.1.1 | Tick the correct option | * Proprietor
* Partnership
* Pvt Ltd
* Other
 |
| 2.1.2 | If other, please specify  |  |
| 2.2 | Alternative correspondence address (if different from above address of applicant) |  |
| 2.3 | Website of company |  |
| 2.4 | Nature of business |  |

1. Information about the fellowship

|  |  |  |
| --- | --- | --- |
| 3.1 | Details of the fellowship program for which the applicant has been selected |  |

1. Application for services

|  |  |  |
| --- | --- | --- |
| 4.1 | We wish to apply for the “service support package for fellows” at the Venture Center: | Yes/ No |
| 4.2 | Requirement |  |
|  | Required dates and duration (indicate a start and end date) |  |
| 4.3 | Number of seats required |  |

It is hereby declared that the undersigned has read and understood the terms and conditions of Venture Center’s service package for fellows and accepts the same.

The undersigned applicant also declares that all the information given herein above is true and correct to the best of his personal knowledge and belief and also understands that in the event of any information found to be untrue or incorrect, the contract of the said services is liable to be terminated forthwith.

 Signature

 (Name of the applicant)