

**Application Form: Protoshop Services**

(Revised – 15 April 2021)

VC/PS/2021-22/ ………...... Date:………/........../…………………

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| 1. **Applicant information** | | | | | | | | | | | | | | | | | | |
| 1.1 | Applicant full name |  | | | | | | | | | | | | | | | | |
| 1.2 | Name of company |  | | | | | | | | | | | | | | | | |
| 1.3 | GST Registration No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | GST Reg. State |  |
| 1.4 | Affiliation/ profession |  | | | | | | | | | | | | | | | | |
| 1.5 | Full postal address for correspondence |  | | | | | | | | | | | | | | | | |
| 1.6 | Phone |  | | | | | | | | | | | | | | | | |
| 1.7 | Email |  | | | | | | | | | | | | | | | | |

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| **2. Application for discounts** | | | | | | | | |
| 2.1 | I wish to apply for the following discounts: | | | | |  | | |
|  | Residents of dedicated lab spaces at Venture Center | | | | |  | | |
|  | Incubatees of Venture Center's Lab2Mkt program and Proof-of-concept projects associated with Venture Center | | | | |  | | |
|  | CSIR-NCL scientists and students; Start-ups with substantial NCL related participation (know-how, staff, students, alumni)/ VC related participation (alumni) | | | | |  | | |
|  | Not-for-profit companies, Educational and research institutes; Social enterprises | | | | |  | | |
| 2.2 | Please attach any attachments to support your claim for discounts (if required) | | | | | | | |
| **3. Application for services** | | | | | | | | | |
| **PS01** | | Protoshop DIY | | | | | | | |
| All | | (Please tick the correct box) | | | | | | | |
| **PS01A**  Processing  Lab | **PS01B**  Electronics Lab | **PS01C**  Design & Prototyping Lab | **PS01D**  Optics Lab  &  Dark room | | **PS01E**  Mechanical Fab Lab | **PS01F**  Rupee  Center | |
| No. of people | |  |  |  |  | |  |  | |
| No. of Days/  Months | |  |  |  |  | |  |  | |
| **PS02** | | Facility operated Protoshop service | | **Name of the equipment** | | | **Number of hours** | | |
|  | | |  | | |
| **PS03** | | 3D Printing | | **Total weight in grams** | | | **Type of material used** | | |
|  | | |  | | |

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| **PS04** | Graphtec Cutting Plotter | **Number of A4 sheets** | | |  | | | |
|  | | |  | | | |
| **PS05** | LASER Cutter | **Number of hours/minutes** | | | **Material used** | | | |
|  | | |  | | | |
| **PS06** | PCB Prototyping | **Number of hours** | | | **Number of FR4 boards** | | | |
|  | | |  | | | |
| **PS07** | Injection Moulding | **No. of days** | | **Type of material used** | **Is material hazardous?** | | **Is mould submitted?** | |
| Half day |  |  | Yes |  | Yes |  |
| Full day |  | No |  | No |  |
| **PS08** | CNC/ VMC Machining | **Number of days** | | | **Total quantity of parts required** | | | |
|  | | |  | | | |
| **PS09** | Computer Aided Design - CAD & Computer Aided Engineering - CAE services | **CAD/CAE** | | | **Number of hours** | | | |
|  | | |  | | | |
| **PS010** | Protoshop  Do It Yourself (DIY)  For School students  (Limited access and under supervision.) | **Number of people** | | | **Number of months** | | | |
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**Payment Terms:**

* All services are offered against advance payment in full. Service tax and other taxes applicable at the prevailing rate shall in addition to the above.
* Payments via a) Demand Draft b) Cheque payable in Pune or at par or c) bank transfer are possible. All payments have to be made in the name of “**Entrepreneurship Development Center**”
* Booking once taken shall not be transferrable or payment made thereof shall be non-refundable. On the occasional case where Venture Center is unable to carry out the experiment due to equipment failure or absence of staff, Venture Center shall inform the applicant immediately and refund the payments made to it.

It is hereby declared that the undersigned has read and understood the terms and conditions of Venture Center’s Protoshop services and accepts the same.

The undersigned authorized representative of the 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.

**For Office Use Only:**

For and on Behalf of

(Name of the company)

Authorized Signatory

|  |  |
| --- | --- |
| Total charges (Rs.) |  |
| @ pricing |  |
| Discount @ |  |
| Net Charges (Rs.) |  |