



ANNEXURE - I

APPLICATION FORM TO BECOME A MEMBER OF CET-TBI

To become a member of TBI, please fill in the following form. If there are more than one entrepreneur, separate forms are to be filled by each person.

Personal Information:

*Name:

*Address:

City:

State/Province:

Country:

PIN:

*Telephone:

Fax:

*E-mail address:

***Proposed company name:**

***Focus area:**

Academic Qualifications:

Non-Academic Achievements:

Industrial Experience:

Entrepreneurial Experience:

Research & Development Experience:

Business Experience

Marketing Experience

Signature of the Applicant*

***Name of Faculty Mentor:**

***Designation with Phone No.:**

Signature of Faculty Mentor*

*Items marked with * are mandatory. Attach separate sheets if necessary.*