

Application Form: CDC Assay Services

(Version: January 20, 2025)

VC/CBA/CDC/20.....-...../

Date:

1. Applicant information

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

2. Application for Discounts

2.1	I wish to apply for the following discounts:	
	DIPP registered Startups, Strategic Partners, NPO, Academic Institutes	
	Current BIRAC grantees, VC Resident Incubatee	
	Bulk volume discount for 10-19 samples	
	Bulk volume discount for 20-29 samples	
	Bulk volume discount for 30 and more samples	
2.2	Please attach any attachments to support your claim for discounts (if required)	

3. Application for services

Service Code	Service	Number of Samples
CBA-CDC-01	Sample analysis using ready-to-use validated method	
CBA-CDC-02	Method development	
CBA-CDC-03	Method validation	

4. Sample Details

4.1	Sample ID	
4.2	Purity	
4.3	Concentration	
4.4	Sterility	
4.5	Any Additional Information	

5. Payment Terms

- All the charges towards the services applied are advance payments to be paid against the invoice raised.
- Payment is acceptable by DD or cheque to be drawn in favour of "Entrepreneurship Development Center" payable in Pune or at Par or could be deposited directly into the Entrepreneurship Development Center's bank account.



(Entrepreneurship Development Center)

Registered office :100, NCL Innovation
Park
Dr. Homi Bhabha Road
Pune- 411008, India
Phone: +91-20-25865877
Web: www.venturecenter.co.in
Email: info@venturecenter.co.in
GSTIN: 27AADCE4846J1ZE

It is hereby declared that the undersigned has read and understood the terms and conditions of Venture Center's CDC Assay 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	
Total charges (Rs.)	
@ Pricing	
Discount @	
Net Charges (Rs.)	
Taxes if applicable	

For and on Behalf of
(Name of the Company)

(Name of the authorized signatory)
Designation