SHRI MATA VAISHNO DEVI UNIVERSITY
Application for Approval of Pre-Incubation (SMVDU TBIC)

(To be submitted along with the Pre-Incubation Application to SMVDU TBIC)

1. Student/Team Details

- Name: _____Entry No.: _____
- Program/Year: _____
- School of: _____Faculty of: _____
- Contact No. _____Email: _____

2. Brief details of Idea/Startup: _____

3. Student Declaration

I/We hereby confirm that I/We am applying for the Pre-Incubation Program at SMVDU TBIC with the knowledge and consent of my School. I/We agree to abide by all rules and guidelines of SMVDU/SMVDU TBIC

Signature of Student/s: _____ _____Date: _____

4. Faculty Mentor's Consent and Remarks

_____

Name: _____Signature: _____ Email_____

Mobile Number_____Date: _____

Head of School's Recommendation ☐ Recommended ☐ Not Recommended

Name: _____Signature: _____ Date: _____

Dean of Faculty's Recommendation ☐ Recommended ☐ Not Recommended

Name: _____Signature: _____ Date: _____

Hon'ble Vice Chancellor ☐ Recommended ☐ Not Recommended

Signature:_____