

## BIONEST-IASST





## **Application Form: Exclusive Labs for Incubatees (ELI)**

BI/E	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	
2	Company information	
2.1	Name of company (Regd. or proposed)	
		D
2.1.1	Tick the correct option	<ul><li>Proprietor</li><li>Partnership</li><li>Pvt. Ltd</li><li>Other</li></ul>
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	
3.	Application for services	
3.1	We wish to apply for the <b>Exclusive Labs</b>	Yes/ No
	<b>for Incubatees</b> Service Package at the	
2.2	BioNest IASST	
3.2	Requirement	

विज्ञान एवं प्रौद्योगिकी उच्च अध्ययन संस्थान (विज्ञान एवं प्रौद्योगिकी, भारत सरकार के अंतर्गत एक स्वशासी संस्थान)

Institute of Advanced study in Science and Technology (IASST)

An Autonomous Institute under Department of Science & Technology, Govt. of India

AN ISO 9001:2015 CERTIFIED INSTITUTION

Address:

विज्ञान पथ, पश्चिम बडागाँव, गडचुक, गुवाहाटी-781035: असम: भारत

Vigyan Path, Paschim Boragaon, Garchuk, Guwahati- 781035: Assam: India

Website: https://iasst.gov.in
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## BIONEST-IASST

## BIOINCUBATORS NURTURING ENTREPRENEURSHIP FOR SCALING TECHNOLOGIES -AN INITIATIVE BY BIRAC, GOI.



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Required dates and duration (indicate a start and end date)	1			
Select an option for Room	Number of seats required			
ELI 1 ELI2 ELI 3 ELI 4				
It is hereby declared that the undersigned has read and understood the terms and conditions of "BioNest – IASST Exclusive Labs for Incubatees" service package 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 and on Behalf	of		
	(Name	of the Company)		
	(Name of the authorized signa	tory)		

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Address:

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Designation