



## Application Form: Conference Room

BI/ Conference Room/

Date:

### 1. Applicant information

The authorized representative of the applicant declares that all the information given herein 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

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)													
2.1.1	Tick the correct option	<table border="1"><tr><td><input type="checkbox"/></td><td>Proprietor</td><td><input type="checkbox"/></td><td>Partnership</td></tr><tr><td><input type="checkbox"/></td><td>Pvt. Ltd</td><td><input type="checkbox"/></td><td>Non-Profit</td></tr><tr><td><input type="checkbox"/></td><td colspan="3">Other</td></tr></table>	<input type="checkbox"/>	Proprietor	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Pvt. Ltd	<input type="checkbox"/>	Non-Profit	<input type="checkbox"/>	Other		
<input type="checkbox"/>	Proprietor	<input type="checkbox"/>	Partnership											
<input type="checkbox"/>	Pvt. Ltd	<input type="checkbox"/>	Non-Profit											
<input type="checkbox"/>	Other													
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

The application form once submitted **cannot be cancelled** and the applicant is **liable to pay the charges towards the services applied for.**

3.1	Required dates and duration (indicate a start and end date) (specify start time and end time; ensure that the time covers your entire need)	Date	
		Start Time	
		End Time	



	since flexible extensions may not be possible if another party has adjacent booking)	No. of days	
		No. of persons	
3.2	Other facility required		

#### 4. Application for discounts

4.1	I wish to apply for the following discounts:	
	<ul style="list-style-type: none"><li>Company has licensed technology from BioNest IASST</li></ul>	
	<ul style="list-style-type: none"><li>Significant share of company is owned by persons (students, alumni, staff) with current or past affiliation to BioNest IASST</li></ul>	
	<ul style="list-style-type: none"><li>Company deserves merit-cum-means support</li></ul>	
	<ul style="list-style-type: none"><li>Company is a resident incubatee of BioNest IASST</li></ul>	
4.2	Please attach Annexure 4: Supporting documents for discount claim	Tick if attached. State the nature of document attached.

#### Payment Terms:

- All the charges towards the services applied are **advance payments** to be paid against the invoice raised.
- Payment Mode: Cheque/Draft/Cash, Please note that, cheque to be drawn in favour of " **BioNest-IASST EDC**"
- Payment to be made by demand draft or cheque payable at par in Guwahati.

It is hereby declared that the undersigned has read and understood the terms and conditions of BioNest - IASST Conference Room service and accepts the same.

For and on Behalf of

(Name of the Company)

(Name of the authorized signatory)

Designation



# BioNEST-IASST

BIOINCUBATORS NURTURING ENTREPRENEURSHIP FOR SCALING TECHNOLOGIES

-AN INITIATIVE BY BIRAC, GOI.



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:

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