



KOHSAR UNIVERSITY MURREE

Business Incubation Center



Form NO:-----

Date: -----

Application Form for Incubatee

Section 1: Personal Information

1. Full Name: _____
2. CNIC Number: _____
3. Email Address: _____
4. Phone Number: : _____
5. Address: : _____

Section 2: Business Information

1. Business Name: : _____
2. Website (if applicable): : _____
3. Business Address: : _____
4. Industry Sector: : _____

Business Registration Number (if applicable): : _____

Section 3: Business Concept

1. Describe your business idea in detail

2. What problem does it solve?

3. Who are your target customers?

4. _____

5. What is the unique value proposition of your business?



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6. Current stage of your business:

7. Prototype

8. Early Revenue

9. Growth

Section 4: Market and Competitors

10. Who are your main competitors?

11. What is your market size and growth potential?



12. What is your go-to-market strategy?

Section 5: Team

13. List the key members of your team and their roles:

14. Provide brief bios for each key team member:

Section 6: Financial Information

15. What is your current funding status?

- a. Bootstrapped
- b. Seed Funding
- c. Series A
- d. Other

16. What are your projected financials for the next 1-3 years?



17. How much funding are you seeking from the incubation center?

Section 7: Support and Mentorship

18. What specific support do you seek from the Business Incubation Center?

- a. Mentorship
- b. Office Space
- c. Funding
- d. Networking
- e. Technical Support
- f. Other

19. Describe any past experiences with business incubators or accelerators:

Declaration:

I hereby declare that the information provided in this application is true and accurate to the best of my knowledge.

Signature:

Date:

Director BIC _____

Director ORIC: _____