



**BUSINESS INCUBATION CENTER
CALL FOR STARTUP
REGISTRATION 1st Cohort 2024**



PERSONAL INFORMATION

Enrolled Student	Alumni	Staff	Faculty
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Name Team Lead	
Cell #	
Email ID	
CNIC	
D.O.B	
Department	
Registration #	
Postal Address	

Other Team Members Details:

- | | | |
|----|--|----------------|
| 1. | | Cell No. _____ |
| 2. | | Cell No. _____ |
| 3. | | Cell No. _____ |
| 4. | | Cell No. _____ |

Focal Person ORIC Name & Signature _____

Head of Department Name & Signature _____



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STARTUP INFORMATION

Title of Startup	
Area/Industry	

1. Briefly summarize scope of business

2. Describe your solution. (Describe how your product(s) or service(s) will solve the problem and meet the desired solution?)



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3. Describe the Business Model. How will the business generate money? Describe all possible revenue streams and briefly explain how it will strive to capture the revenue profitably.

4. Describe your target market:

Signature of Team Members

Name : _____ Signature _____

Name : _____ Signature _____

Name : _____ Signature _____

Name : _____ Signature _____