<u>Application form – assistance for skill development</u>

Particulars	Details	
1. Basic details of the Startup:		
Startup registered company name/ proposed		
name		
Date of incorporation		
Brand name		
Website of startup (if any)		
Registered company address		
Date of approval under SLEC		
Name of Nodal Institution		
2. Details of founder/ Co-founders:		
Name of Founder		
Gender (Male/ Female/ Other) please tick		
applicable		
Contact Number		
Email ID		
Registered Address		
Name of Co-Founder		
Gender (Male/ Female/ Other) please tick		
applicable		
Contact Number		
Email ID		
Name of Other team members		
Gender (Male/ Female/ Other) please tick		
applicable		
Contact Number		
Email ID		
3. Details of Product/ Process/ Service		
Product / Process/ Service (please tick applicable)		
Description of Product/ Process/ Service		
Field / Sector of Startup (i.e. pharmaceuticals, IOT, ICT, Electronics, etc.)		
4. Details of the Training program		
Name of the program		
Brief description of the program		
Address of the program venue		
Name of the Host institution		
Address of the Host institution		
Program start date		
Program end date		
Duration (in days)		
Name of the contact person from the program		
Contact details of the contact person		
Website of the program (if any)		

Particular	\mathbf{s}	Details
	tails of skills which were attempted nent, under the program?	
	gram help you to meet skill for the development of startup?	
developmen Government Yes/No	ceived financial assistance for skill t under any other scheme of of Gujarat or Government of India?	
NamAmo	e provide following details: ne of the scheme/schemes ount of assistance received (INR) of beneficiaries	
5. Details	of fees/charges paid for particip	oation in the training program
No. of found program	er/ co-founders attended the	
Name of fou program	nder/ co-founders attended the	
	s paid for the participation per person	
Total fees/cl	narges paid (INR)	
	uired from Government of Gujarat as or skill development (INR)	
	of assistance received for skill d nce for Startups/innovation – G	
Have you re	ceived assistance for skill at till date under this scheme?	
•	e provided details below:	
Sr. No	Date of sanction/approval of assistance	Amount (in INR)
1.		
2.		
3.		
4.		
5. 6.		
7.		
8.		

Particulars	Details	
9.		
10.		
Total (in INR)		
7. Approval/ sanction of assistance (to be filled by the Office of Industries Commissioner)		
Amount approved/sanctioned as assistance for skill development (in INR)		