



# Technology Business Incubator (TBI)



Technology Business Incubator-Indian Institute of Integrative Medicine, Jammu (National cGMP facility for Manufacture of Phytopharmaceutical Drugs)

CSIR-Indian Institute of Integrative Medicine (IIIM), Post Bag No. 3,  
Canal Road, Jammu-180001

<http://www.iiimtbi.com>, Phone : 0191-2584999, 2585222, Fax : 0191-2586333

## APPLICATION FORM Incubator Support Technology Incubation / Research/ Contract Research

1.	Name of Industry /organization/ Institute / Entrepreneur	:	
2.	Name of Contact Person	:	
3.	Designation	:	
4.	Address	:	
5.	Nationality	:	
6.	Phone No. & Fax No.	:	
7.	Mobile Number	:	
8.	Brief write up about the company	:	As Annexure -I
9.	Brief write up about the technology for incubation	:	As Annexure -II
10.	Stage of Incubation	:	(Please tick one)  Initial (Conceptual) Development (R&D) Technology / Product Formulation Others (Specify)

11.	<b>Number of people involved in TBI</b>	:	
12.	<b>Reason for applying at TBI</b>	:	
13.	<b>Space Required</b>	:	
14.	<b>Period for which the space is required</b>	:	<b>1 year</b>  <b>2 years</b>  <b>3 years</b>
15.	<b>Expected outcome of the incubation at CSIR-IIIM-TBI</b>	:	
16.	<b>Market scope of your technology/research which is incubated at the TBI</b>	:	
17.	<b>Other support/services expected from CSIR-IIIM-TBI (Mark the required)</b>		<b>Telephone</b> <b>Internet</b> <b>Fax</b> <b>Shared laboratory access</b> <b>Use of conference room</b> <b>Advisory/Monitoring Services</b>
18.	<b>Infrastructural research support needed</b>		<b>Separate list may be attached as annexure -III</b>
19.	<b>If accepted as incubatee, the minimum period before occupancy</b>		
20.	<b>Any other relevant information</b>		
21.	<b>References (At least three) with name, Organization, Designation, Contact Details</b>		

22.

**DECLARATION**

**The information provided above is true. Further the information given falls in public domain and I/we promise to abide by the terms of MoU to be signed between the company and IIIM, TBI, Jammu.**

**Name & Signature of Applicant**

**Date**

**Place:**

**Please contact below for the queries related to Technology Business Incubator:**

**Er Ankush Varma**  
**Coordinator, IIIM- TBI**  
CSIR-Indian Institute of Integrative Medicine  
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Mobile: +91-7840028444

- ❖ The application form can also be downloaded from [www.iiimtbi.com](http://www.iiimtbi.com)
- ❖ Please note that separate application forms be filled for more than one technology/ research

**SUMMARY CHART**  
(To be filled by the TBI, Office)

<b>Name of Applicant :</b>	
<b>Nature of Technology :</b>	
<b>Amount of space required :</b>	
<b>Time period for which space is to be rented :</b>	
<b>Coordinator, TBI</b>	