

BEST India 2009

Biotechnology Entrepreneurship Student Teams

APPLICATION FORM

(A) INSTITUTE INFORMATION

- a) Name of the Institute:
- b) Address:
- c) Telephone Numbers:
- d) Website, if any:
- e) Head of the Institute:
- f) Name and title of the forwarding authority:

(B) TEAM INFORMATION

Team Leader

- a) Name:
- b) Course:
- c) e-mail:
- d) Tel. No. with STD Code:
- e) Contact Address:

Team Members

Member 1

- a) Name:
- b) Course:
- c) e-mail:
- d) Tel. No. with STD Code:
- e) Contact Address:

Member 2

- a) Name:
- b) Course:
- c) e-mail:
- d) Tel. No. with STD Code:
- e) Contact Address:

Member 3

- a) Name:
- b) Course:
- c) e-mail:
- d) Tel. No. with STD Code:
- e) Contact Address:

Member 4

- a) Name:
- b) Course:
- c) e-mail:
- d) Tel. No. with STD Code:
- e) Contact Address:

(C) CONCEPT NOTE

- a) Executive Summary (800 Words)
- b) Concept and Description of the scientific idea (1600 Words)
- c) Market Potential and Commercialization prospects (800 Words)
- d) Team Members and their Backgrounds, including guides/mentors, if any (800 words)
- e) Current challenges and roadblocks in the development of the project (1600 Words)

(D) GENERAL INFORMATION

- a) How did you find out about BEST - India?
- b) Has the team or individual member of the team any previous experience in preparing a business plan?
- c) Has the team or individual member of the team previously participated in a business plan competition?
- d) What are the team's expectations from the workshop?

All applications must be sent to: Nandita Chandavarkar, Director - Operations, ABLE India - Association of Biotechnology Led Enterprises, No. 123/C, 5th Cross, 16th Main Road, 4th Block, Koramangala, Bangalore 560034; Telefax: +91-80-2563 3853/4163 6853, e-mail: best@ableindia.org.

The Application must be accompanied by certified Copy of the Identity Card of each member of the Team.

Signature of Forwarding Authority

Seal of Institute/Forwarding Authority

Date: _____