

AN ISO 9001: 2008 Certified Company

ALEAP-WE HUB

(Supported by NITI Aayog-Atal Innovation Mission, GOI)
Association of Lady Entrepreneurs of India (ALEAP-India)

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ENQUIRY FORM Date: Name of the Walk-in **Contact details** Mobile # Email: **Educational background** Company / Unit name **Product details** What is the proposed venture about? (give a brief description) **Incubation Support** Yes / No required What are your current **Business plan preparation** requirements? Access to scientific support (please ✓) Access to technological support **Funding assistance facilitation** Mentoring and consultancy Office space ☐ Access to R&D Lab/Innovation Lab

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Form received on://	Name of Official:	Signature:
Discussion Summary/ Recommendations:		

Buy back arrangements

Others _