



Application Form for Design Clinic Registration for **Design Consultant**

(Individual/Free Lance Design Professional)

**APPLICATION FOR DESIGN CLINIC SCHEME FUNDING ASSISTANCE**

(To ensure the easy and correct processing of your application, please ensure that the application form is filled up completely and neatly. Where information is not available or applicable, please indicate accordingly. Please enclose all supporting documents as requested in the form).

Attach your visiting card here

**1. General**

(a) Name of Design Consultant: \_\_\_\_\_

(b) Group membership/Associated with: \_\_\_\_\_

**2. Contact information**

Address: \_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_ Web site: \_\_\_\_\_

**3. Design Expertise Details**

(a) Work experience (In Total number of years): \_\_\_\_\_

(b) Functional area of Specialization / Interest

1. Industrial design
2. Branding and Advertising
3. Visual Communication
4. Textile Design
5. Design and systems Thinking (Product / Process / Business Design)
6. Products/service specialization.

(c) Preference for Industrial Sector (Textile, Automobile, Pharmaceuticals, etc)

\_\_\_\_\_

(d) Consulting and service activities Information and references

- I. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_
- iv. \_\_\_\_\_

**4. Design Clinic Information**

If already registered with MSME Design Clinic or Other such programmes please mention

Other MSME projects information: \_\_\_\_\_  
\_\_\_\_\_

**5. Please mention the activities you would be interested to take up for Design Clinic**

- I. Design Awareness Seminar - 1 Day workshop/seminar
- ii. Need Assessment Survey - 3-4 Days workshop/seminar  
and Design Clinic Workshop
- iii. Design Projects - 3 Months - 18 months project

**6. Preferred Zone for Design Clinic Projects.**

East Zone                  West Zone                  North Zone                  South Zone

Date:

Signature:

