



Application Form for Design clinic Registration for **Design Firm**
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) Registered name of Firm: _____

(b) Registered as (please tick)

Sole Proprietorship

Partnership

Private Limited

Others (please specify)

(c) Total Numbers of Consulting and Technical Staff

Less Than 10

10 to 50

50 to 100

100 and more

2. Contact information

Contact person: _____

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. Design and systems Thinking (Product / Process / Business Design)

5. 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. Proffered Zone for Design Clinic Projects.

East Zone West Zone North Zone South Zone

Date:

Signature:

