

**IIT Delhi Technopark, Sonipat
(IITD-TPS)**

Expression of Interest for Tenancy		
Name of the Organisation		
Address of the Head Office		
Website		
Contact details of CEO/ MD/ President	Name:	
	Telephone:	
	Email Id:	
Nature of the Organisation (Please Tick)	<input type="checkbox"/> Company	
	<input type="checkbox"/> Other (Please Specify)	
Annual Turnover as per latest Audited Accounts		(Please enclose Copy of Annual Report)
Major Business Activities		
Organisation's R&D profile		(Please use additional sheet, if necessary)
Technology domains of interest		(Please use additional sheet, if necessary)
Tentative space requirement		(sq m)
Proposed duration of stay		(years)
Nature of activity proposed in IITD-TPS		
Core Research & Development <input type="checkbox"/> Technology intensive work <input type="checkbox"/> Knowledge-based innovation <input type="checkbox"/> Product Development <input type="checkbox"/> Other (pls specify)	Incubation <input type="checkbox"/> Pilot scale work <input type="checkbox"/> Product development <input type="checkbox"/> Engineering design <input type="checkbox"/> Prototyping <input type="checkbox"/> Other (pls specify)	Services <input type="checkbox"/> Product Design <input type="checkbox"/> Testing & Certification <input type="checkbox"/> Consultancy <input type="checkbox"/> Financial Accounting <input type="checkbox"/> Banking <input type="checkbox"/> IT Outsourcing <input type="checkbox"/> Legal services <input type="checkbox"/> Sourcing & Logistics <input type="checkbox"/> Recreation & Hospitality <input type="checkbox"/> Other (pls specify)
Expected R&D Budget at IITD-TPS		(per annum)
Expected Outlay for Consultancy Projects with IIT Delhi		
Tentative value of sponsored projects at IIT Delhi during the stay at IITD-TPS		

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Other expected engagements with IIT Delhi (in numbers):		
Recruitment of B Tech students	Recruitment of PG/ Doctoral students	Guest Faculty and Induction of IITD Faculty into organisation on short assignment/ deputation (with duration)
Any specific expectations/ requirements (eg facilities, services etc) from IITD-TPS (Please use additional sheet, if necessary)		
Place:		Signature:
Date:		Name:
Designation:		
Contact details of the regular contact person		
Name:		
Designation:		
Telephone:		
Email Id:		