

Format I: Information to be furnished by TBI or the STEP

Filed in the financial year _____

- (a) Name of the Technology Business Incubator / Science and Technology Entrepreneurship Park _____
- (b) Address _____
- (c) Whether availing benefit of exemption for first time _____
- (d) If the answer to (c) is not in affirmative, the date from which benefit is being availed _____
- (e) Details of taxable services provided during the previous financial year :

Sr. No.	Description of Taxable Service	Value of taxable Service Provided	
		To incubatee	To others

- (f) Details of Taxable services provided by incubatees as per enclosure _____

Place: _____

Date: _____

Signature of the authorised person

Acknowledgement

I hereby acknowledge the receipt of Format I for the period _____

Place: _____

Date: _____

**Signature of the Officer of
Central Excise and Service Tax
(with Name and Official seal)**