

Format II -- Information to be obtained by TBI I STEP from each incubatee and to be filed along with Format I

1. Name of the Incubatee _____
2. Address _____
3. Details of the project _____
4. Date of signing agreement with the TBI 1 STEP (incubator) _____
5. Total business turnover during the previous financial year _____
6. Details of taxable services provided during the previous financial year

Sr. No	Description of Taxable Service	Value of Service Provided

Place: _____

Date: _____

Signature of the authorized person