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| --- | --- |
| ***Proposal ID*** |  |



*For office use only*

**Idea Cloud 2021**

**Business Idea Competition**

|  |  |
| --- | --- |
| Applicant/s’ Information Form | |
| 1. Title of the Business Idea |  |
| 1. Name of the first applicant |  |
| Faculty |  |
| University |  |
| Email |  |
| 1. Name of the second applicant |  |
| Faculty |  |
| University |  |
| Email |  |
| 1. Name of the third applicant |  |
| Faculty |  |
| University |  |
| Email |  |
| 1. Name of the second applicant |  |
| Faculty |  |
| University |  |
| Email |  |
| 1. Name of the corresponding applicant |  |
| Faculty |  |
| University |  |
| Email |  |
| Phone number |  |

**For official use only**

Approved/ Not approved:.…………………………………………………………………………

Remarks:…………………………………………………………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………….

Authorized signature:……………………

Date: …………………………………