|  |  |
| --- | --- |
| ***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: …………………………………