



For office use only

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| Proposal ID | |
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Idea Cloud 2022

Business Idea Competition

| Applicant/s' Information Form | | |
|--|--------------|--|
| 1. Title of the Business Idea | | |
| 2. Name of the first applicant | | |
| | Faculty | |
| | University | |
| | Email | |
| 3. Name of the second applicant | | |
| | Faculty | |
| | University | |
| | Email | |
| 4. Name of the third applicant | | |
| | Faculty | |
| | University | |
| | Email | |
| 5. Name of the second applicant | | |
| | Faculty | |
| | University | |
| | Email | |
| 6. Name of the corresponding applicant | | |
| | Faculty | |
| | University | |
| | Email | |
| | Phone number | |

For official use only

Approved/ Not approved:.....

Remarks:.....

.....

.....

Authorized signature:.....

Date: