

Registration No.:
Registration Date:



iSPARK INCUBATION CENTER iSPARK PROJECT REGISTRATION FORM

CATEGORY (Please tick ✓ one)

(A) R&D outcomes, Final Year Projects (FYPs), Capstone Projects (Undergraduate / Postgraduate), Industrial Research Collaborations, Developmental types of work	<input type="checkbox"/>
(B) Project outcomes of iSpark, Extra-Curriculum Projects, Non-Academic One-Off Projects	<input type="checkbox"/>
(C) TAR UC Alumni / Public with commercializable project	<input type="checkbox"/>

Supervisor / Mentor to tick ✓. You can tick more than one. You may consult CBIEV if necessary.

(1) Is there any commercialization value?	<input type="checkbox"/>
(2) Is there any publication possibility?	<input type="checkbox"/>
(3) Is there any patent possibility?	<input type="checkbox"/>

PROJECT TITLE:

--

PROJECT DESCRIPTION:

1. Problem Statement (*A concise description of the issue(s) that need(s) to be addressed*)

--

2. Solutions (*Answers to the PROBLEM above*)

3. Target Market (*A particular group of consumers at which a product or service is aimed*)

Duration of Project: _____ to _____

ISPARK PARTICIPANT INFORMATION

	Team Leader	Team Member 1
Name		
I.C. No./Passport No.		
Staff No./Student ID. / Alumni ID.		
Mobile Phone No.		
Personal E-mail		
Company/Official E-mail		
Faculty/Department/Centre		
Position		
Program Study (Student only)		

	Team Member 2	Team Member 3
Name		
I.C. No./Passport No.		
Staff No./Student ID. / Alumni ID.		
Mobile Phone No.		
Personal E-mail		
Company/Official E-mail		
Faculty/Department/Centre		
Position		
Program Study (Student only)		

	Team Member 4	Team Member 5
Name		
I.C. No./Passport No.		
Staff No./Student ID. / Alumni ID.		
Mobile Phone No.		
Personal E-mail		
Company/Official E-mail		
Faculty/Department/Centre		
Position		
Program Study (Student only)		

SUPERVISOR / MENTOR INFORMATION

	Supervisor / Mentor 1	Supervisor / Mentor 2
Name		
I.C. No./Passport No.		
Staff No.		
Mobile Phone No.		
Personal E-mail		
Company/Official E-mail		
Faculty/Department/Centre		
Position		

COLLABORATION

Company Name	
Address	
Contact Person Name	
Designation	
Mobile Phone	
Email	

DECLARATION	RECOMMENDATION	
I confirm that the above information is true.		
_____	_____	_____
Team Leader	Supervisor/Mentor	Director/Dean/Head
Name:	Name:	Name:
Date:	Date:	Date:

FOR OFFICE USE

Approved Not Approved

Signature of Manager, CBIEV

Name:

Date:

Signature of Director, CBIEV

Name:

Date:

Usage of Co-Working Space Registration No.: _____