



Application for Joining Effat Accelerator Program

Name	Gender	Phone:	Mobile:	Email:
	Male Female			
	Date of Birth / Age			

Project Profile

Name	<input type="text"/>	Date Of establishment	<input type="text"/>	Address	<input type="text"/>
What is your business / Idea	<input type="text"/>				
Your products / Services	<input type="text"/>				

Progress so far / Please refer to first section of this document and identify

Business	Planning	Marketing	Financial	Operational	Human Resource	Information Technology	Research	Training

What Services would you like Effat University to provide you

Business	Planning	Marketing	Financial	Operational	Human Resource	Information Technology	Research	Training

Name and Signature of Startup

Date

Effat Business Innovation and Entrepreneurship Research Center