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| **Application Form****Business Plan Competition****University Business Linkage Cell** **Uva Wellassa University** | Only for Office UseApplication No: |
| 1. **Full Name:**
 |  |
| 1. **Name with Initials:**
 |  |
| 1. **Degree Program:**
 |  |
| 1. **University Registration No.:**
 |  |
| 1. **E-mail Address:**
 |  |
| 1. **Contact No.:**
 |  |
| 1. **Permanent Address:**
 |  |
| 1. **Business Address:**
 |  |
| 1. **Stage of the Business**
 | **Planning stage** |  | **Startup stage** |  | **Already Established**  |  |
| 1. **Business Ownership**
 | **My own business** |  | **Owner is someone else** |  |
| 1. **Business Field:**
 | **Agriculture** |  |
| **Hotel/ Restaurant/ Food**  |  |
| **Computer & Software** |  |
| **Logistics/ Transport** |  |
| **Animal Husbandry** |  |
| **Manufacturing / Operations** |  |
| **Fashion & Beauty** |  |
| **Hospitality/Tourism** |  |
| **Apparel** |  |
| **Teaching/Academic** |  |
| **Consultancy** |  |
| **Accounting/ Finance / Marketing** |  |
| **Legal** |  |
| **Engineering/Mechanical/Electrical/ Automobile/ Constriction** |  |
| **Media/ Communication** |  |
| **Security** |  |
| **Health & Fitness** |  |
| **Other (Please specify)** |  |
| 1. **Vision:**
 |  |
| 1. **Mission:**
 |  |
| 1. **Logo (if any):**
 |  |
| 1. **Motto (if any):**
 |  |
| 1. **Business Registration Name & Registration No. (If available):**
 |  |
| 1. **Date of Initiation of the Business (MM/YYYY):**
 |  |
| 1. **Type of Business:**
 | **Sole Proprietorship** |  | **Partnership** |  | **Limited liability Company** |  | **Corporation** |  |
| 1. **A Brief Description of Management of the company:**
 |  |
| 1. **A Detail Description of the Business (max 400 words):**
 |  |
| 1. **What makes Your Business Unique from Other Businesses?**
 |  |
| 1. **What are the Marketing Strategies You use?**
 |  |
| 1. **How do you Promote Your Business?**
 |  |
| 1. **Target Market:**
 | **Local market** |  |
| **Export market** |  |
| **Both** |  |
| 1. **What are the Technologies You Use / going to use?**
 |  |
| 1. **Cost/unit (Rs.) [*Please indicate for each product/service separately*]**
 |  |
| 1. **Sale price/unit (Rs.) [*Please indicate for each product/service separately*]**
 |  |
| 1. **Financial Projection for Next 5 Years**
 |  | **Year 1 (LKR)** | **Year 2 (LKR)** | **Year 3 (LKR)** | **Year 4 (LKR)** | **Year 5 (LKR)** |
| **Capital** |  |  |  |  |  |
| **Cost of Production** |  |  |  |  |  |
| **Sales** |  |  |  |  |  |
| **Gross Profit** |  |  |  |  |  |
| **Expenses** |  |  |  |  |  |
| **Net Profit** |  |  |  |  |  |
| 1. **Your business capacity per month**
 |  |
| 1. **Loans/Grants Applied or Obtained for the Business:**
 |  |
| 1. **Number of Employees (Excluding You):**
 |  |
| 1. **Business Status:**
 | **Part Time** |  | **Full Time** |  |
| 1. **Limitations:**
 |  |