

Response form for ToT of "VaU" Ventilator

1. Name of the Firm
2. Nationality of the firm
3. Address of the Registered Office
4. Start-up or established firm (Include registration number)
5. Nature of present business
6. Details of medical equipment manufactured earlier
7. Financial Background
8. Manpower available for realisation of product (Electronics, Mechanical)
9. Plan for realisation of the product
10. Infrastructure available for realisation of the equipment (Electronics & Mechanical Fabrication)
11. Test and evaluation plan
12. Marketing plan
13. Email Address
14. Contact Person Name
15. Contact Person Phone Number

I declare that the information submitted above is true to the best of my knowledge and the information will be used by ISRO for shortlisting the industry for the purpose of technology transfer. I understand that if any information furnished here is found to be wrong/fabricated, it will lead to forfeiture of the technology transfer and any future association of my industry with ISRO.

PREPARED AND SUBMITTED BY

(AUTHORISED SIGNATORY WITH SEAL)

To

The Head
Technology Transfer & Industry Coordination Division
Vikram Sarabhai Space Centre
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Thiruvananthapuram
