National Yang Ming Chiao Tung University Technology Transfer Vendor Application Form

Technology Transfer Project Name:

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name of Vendor |  |
| Address |  |
| Contact Person | Name: | Title: | Tel: |
|  | Phone No.: | Email: |
| Business Registration Certificate |  □Yes (Please attach a copy of supporting documents) □No |
| Factory Registration Certificate |  □Yes (Please attach a copy of supporting documents) □No |
| Certificate of Recent Tax Payment |  □Yes (Please attach a copy of supporting documents) □No |
| Product Item |  |
| Technical Staff Information |
| Profession | Name | Education | Experience |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Instruments and Equipment |
| Name | Brand/Model | Main Function |
|  |  |  |
|  |  |  |
|  |  |  |

### National Yang Ming Chiao Tung University Research Results

Technology Transfer Development Plan

|  |  |
| --- | --- |
| Company Name |  |
| Technology |  |
| Manpower to be InvestedTotal: \_\_ persons | Project manager: \_\_\_\_\_\_\_\_\_\_, Title: \_\_\_\_\_\_\_\_\_\_Tel: \_\_\_\_\_\_\_\_\_\_, Email: \_\_\_\_\_\_\_\_\_\_ |
| Name of project participants: |
| Compatible Production Equipment | Original equipment: |
| New equipment to be purchased: |
| Development Experience in Related Fields |  |
| Technology Development Timeline | Time Schedule 1 | Estimated Time to Achieve |
| Time Schedule 2 | Estimated Time to Achieve |
| Time Schedule 3 | Estimated Time to Achieve |
| Time Schedule 4 | Estimated Time to Achieve |
| Time Schedule 5 | Estimated Time to Achieve |
| Time Schedule 6 | Estimated Time to Achieve |
| Expected Production Items |  |
| Product Launch Time | It is expected that the products developed using this technology will be available in \_\_\_\_ years. |
| Future Market Analysis |  |
| Future Marketing Strategy |  |
| Future Cost and Price Analysis |  |
| Evaluation of Investment Opportunity and Amount |  |

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Seal

Responsible Person (Representative): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GUI Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_