2023 China (Zhejiang)-Europe Life

Sciences Innovation Fair (ZELSIF)

Application Form

Applicant Name:

Project Name:

Phase: 🞎Incubation Phase 🞎Growth Phase

Category: 🞎Pharmaceutical Product 🞎Diagnostic Reagent

🞎Medical Device 🞎Digital Health

Institute Name:

Date:

（Please send the completed and signed application form to the email address of the Organizing Committee：intloffice.cmse@zjwjw.gov.cn）

Organizing Committee of China (Zhejiang)-Europe

Life Sciences Innovation Fair (ZELSIF)

2023

**I. Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **First Name** | **Middle Name** | **Last Name** |
|  |  |  |
| **Gender** |  | **d.o.b.** |  |
| **City** |  | **Country/ Region** |  |
| **Passport No** |   |
| **Institution of Graduation** |  |
| **Date of Graduation****(Day/Month/Year)** |  | **Highest Degree Attained** |  | **Area of Expertise** |  |
| **Name of Organization** |  | **Country/** **Region** |  |
| **Type of Organization** | ☐Hospital/Care provider ☐Institution of higher education ☐Research Institute ☐Health and/or medical enterprise  |
| **Contact Address** |   |
| **Tel/Mobile** |  | **E-mail** |  |
| **Project** **Contact**  |  | **Tel/****Mobile** |  | **E-mail** |  |
| **Achieved Research Output and Professional Accomplishment** |
|  |

**II. Team Members** (\*Please add team members as necessary.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Team Member 1** | **First Name** | **Middle Name** | **Last Name** |
|  |  |  |
| **Gender** |  | **Country/Region** |  |
| **Highest Degree Attained** |  | **Area of Expertise** |  |
| **Organization** |  |
| **Name of Team Member 2** | **First Name** | **Middle Name** | **Last Name** |
|  |  |  |
| **Gender** |  | **Country/Region** |  |
| **Highest Degree Attained** |  | **Area of Expertise** |  |
| **Organization** |  |
| **Name of Team Member 3** | **First Name** | **Middle Name** | **Last Name** |
|  |  |  |
| **Gender** |  | **Country/Region** |  |
| **Highest Degree Attained** |  | **Area of Expertise** |  |
| **Organization** |  |
| **Name of Team Member 4** | **First Name** | **Middle Name** | **Last Name** |
|  |  |  |
| **Gender** |  | **Country/Region** |  |
| **Highest Degree Attained** |  | **Area of Expertise** |  |

**III. Project Description**

|  |  |
| --- | --- |
| **Title of Project** |  |
| **Phase** | ☐Incubation Phase ☐Growth Phase |
| **Category** | ☐Pharmaceutical Product ☐Diagnostic Reagent ☐Medical Device ☐Digital Health |
| What is your R&D background? |
| Describe the problem you are trying to solve and the solution you are offering, significance and function of project completion:  |
| Picture ofPrototype(Optional) |  |
| What is your competitive advantage? |
| Breakthrough technology, novelty and uniqueness:  |
| Where are you in the R&D process? |
| Research objective,technology achievement andcriteria reached. |  |
| Technology plan(Technology roadmap, feasibility andmaturity) |  |
| Intellectual property (patent, software copy right, sample, certificate, etc.) |  |
| Industrialization plan and prospects |  |
| **What are you most looking for? (You can choose more than one.)** |
| ☐Technology transfer: your offering price is Euro. ☐R&D partner: ☐hospital/ care provider ☐enterprise ☐research institute ☐Office/industrial space: m2☐Fund already raised: Euro; fund to raise: Euro☐Other (CRO and CDMO service, for instance):  |
| ☐I undertake that all information provided in this application is accurate and credible, and intellectual property rights involved in the project are free of dispute. Shall any consequence ensue from false information or intellectual property dispute of the project, I must take full legal responsibility. I understand that further information regarding the project might be required by the organizing committee, in order to reach a proper assessment.**Signature**: **Date(day/month/year)**: / / |