

Application of Entrepreneur/Incubatee

1. APPLICANT INFORMATION

- a) Applicant's (entrepreneur) name
- b) Age
- c) Educational Qualifications
- d) Postal Address
- e) Telephone/mobile
- f) Fax:
- g) Email:
- h) Website (if any)
- i) Current professional/employment status

2. COMPANY INFORMATION (if applicable)

- a) Have you registered a company, give details
- b) Name of applicant company/firm
- c) Location from which company is operating
- d) Relationship with the Business Incubator/ Host Institute
- e) Company sector
- f) Investment in plant and machinery
(For manufacturing sector)/Investment in equipment (For services sector)
Manufacturing/ Services (Rs _____ lakhs)
- g) Company type: (Micro/ Small/ Medium)

3. PROJECT INFORMATION

A. Details of Proposed Idea/ Innovation

- A1 Title of the technology/innovation
- A2 Category of technology/innovation* (specify process/ product/new application/other)
- A3 If the idea involves use of existing intellectual property, give details of the owner of the same and arrangements of sourcing the innovation and terms of its commercialization
- A4 Specify the potential areas of application in industry/ market
- A5 Specify newness/uniqueness of the innovation (better performance/new features/improvements)
- A6 What is already available in market? What is the market potential? What value it would add in market?

- B. Current Development Status of Innovation
- B1. What is the current development status of the innovation/product or service offerings? (Whether still an idea or ready to launch)
 - B2. Specify the time period in months required for innovation to be completely developed for field testing/ ready for intended end-user?
- C. Financial Requirements
- C1. Do you have a business plan for taking innovation from lab to market? (Attach business plan in the given format**)
 - C2. What level of funding is required for making innovation market ready?
Rs. _____ (Requested under MoMSME scheme)
 - C3. Please give activity-wise break-up (Activities include design/prototype development/lab/bench scale production/professional services/hiring staff/trials/test marketing/miscellaneous)(use annexure if space is not sufficient)

4. OTHER RELATED INFORMATION

- a) Are there any team members/partners and mentors/ guides in your innovative project? If so give name and complete contact address with phone and e-mail)
- b) Information on Patents filed/granted (if any)
- c) Any awards or recognition related to the innovation
- d) Please include any further information that you wish to communicate to us to help us in judging your application

5. OTHER

I,....., hereby certify that the information furnished in the application form from Item 1-4 is true, complete and to the best of my knowledge.

Date and Place:

Signature of the Applicant

*Category of technology/innovation:

The area of business plans can be, but not restricted to following sectors

- Textiles, Leather, Sports and related goods
- Chemicals, Pharma , Bio and other processed materials
- Engineering Systems & Technology
- Agriculture, food, beverage's and forestry products
- Renewable & non -renewable energy and waste management
- Handicrafts, traditional manufacturing & other related goods
- Education
- IT & ITES, Financial
- Healthcare
- Hospitality & Tourism
- E-Commerce, Logistics, Transport & other services
- Others