

Application Form for Innovators/Startup for availing Assistance under Host Institutions for the Start Ups/ Innovation scheme

Sr. No.	Detail	Applicant Details
1	2	3
For Innovators		
1.0	Innovator(Applicant's) Name	1. 2. 3.
1.0(I)	Date of Birth:	
1.0(II)	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
1.1(III)	Profession:	Student <input type="checkbox"/> Business Person <input type="checkbox"/> Professional <input type="checkbox"/> Salaries <input type="checkbox"/> Homemaker <input type="checkbox"/>
1.1(I)	Innovator Company Name (If already formed)	
1.1(II)	Name of the Host Institution (under which Innovator is Working/plan to work)	
1.2	Project Formation:	Individual <input type="checkbox"/> Group <input type="checkbox"/>
1.3	Address of Main Person if in case of Group)	
1.4	Contact No.:	1. 2. 3.
1.5	Email ID"	1. 2. 3.
1.6	If the Innovation Project is of: Product: Process: Servicing:	
1.7	Field/Sector of the innovation project:	
1.8	Give Brief Details/Description of Start Ups/ Innovation Project/State key innovation Features:	
9	Has the project been started or yet to start? If started, mention innovation Project Started Date and Expected Duration:	1. Project yet to start 2. Project started on & Expected duration
1.10	Projected cost for start up/Innovation Project.	
1.11	Amount incurred in the Project till date:	
1.12	Expenditure required to be incurred:	

	(I) For product realization (II) Marketing/Sales	
1.13	What kind of facilities do you need/expect From the Host Institute?	1.Library 2.Mentoring Services 3.Prototype Development 4.Facilities; Space; Internet; Laboratory etc. 5.Any other Services required(specify):
1.14	What was the inspiration behind this idea?	
1.15	Why do you think that your idea/project/ Technology is innovative? Uniqueness about Your idea.	

Remarks: If Innovators have any PROTOTYPE/BUSINESS MODEL of the Unit/Product/Sample of their Innovative Idea they may present it in front of the Screening Committee of the Nodal Institute.

Recommendations of Screening Committee for Innovator's to availing Assistance under Host Institutions for the Start Ups/Innovation Scheme.

(Purpose of using this form is restricted only to the Members of the Screening Committee)

<u>Recommendations of Screening Committee:</u>				
1.0	Student background:			
1.0(I)	Qualification of the Candidate			
1.0(II)	<u>Experience:</u>			
1.0(III)	Capability to fulfill the project:			
1.0(IV)	Any other background:			
1.1	Viability of the Project:	Technical Viability Viability:	Economical Viability:	
1.2	Estimated duration of the Project phase of the venture:			
1.3	Market Potential			
1.4	Assistance to be provided: (like mentoring service, Prototype development, raw, material, other equipment usage, etc.)	1. 2. 3. 4. 5.		
1.5	Names of the members of Screening Committee	<u>Names</u> 1. 2. 3. 4. 5. 6.	<u>Field</u> 	<u>Sign</u>

1.6	Recommendations of Screening Committee: (I) Product/Service usefulness (II) Uniqueness (III) Technology innovation (IV) Job-creation potential (V) Market potential/scalability of the project (VI) Impact on society/customer (VII) Current project status (VIII) Any other Specify:		
1.7	Assistance Required on the basis of the recommendations of the committee:	Sustenance Allowance:	
		Mentoring Services:	
		Prototype development, raw material, etc.:	
		Total of assistance Required	

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