

Centre for Technology Innovation and Entrepreneurship
(CTIE)

Application of Entrepreneur / Incubatee

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	

COMPANY INFORMATION

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	(Manufacturing / Services)
F) Investment in Plant / Machinery (for manufacturing sector) / Investment in Equipments (for services sector)	(Rs. _____ Lakhs)
G) Company type : Definitions are given in http://www.dcmsme.gov.in/ssiindia/defination_msme.htm	Micro / Small / Medium
H) Number of full time employees	
I) Number of interns or part-timers	
J) Expected number of new hiring's in next one year	

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 the 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) Idea readiness level (as per http://en.wikipedia.org/wiki/Technology_Readiness_Level)	
B3) 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 your own format)	
C2) What level of funding is required for making innovation market ready?	Rs. _____ Requested under the MoMSME Scheme
C3) Please give activity-wise break-up (Activities include design / prototype development / lab / bench scale production/ professional services / hiring staff / trails / test marketing miscellaneous) (use annexure if space is not sufficient)	

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.	

OTHER

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

Date and Place :

Signature of the Applicant

RECOMMENDATIONS OF T HE FORWARDING ORGANISATION

Has the application been screened and evaluated at local level. Give details.

Date and Place :

Signature of the Head of
Organization with seal