1. APPLICANT INFORMATION

Appendix-I

Application of Entrepreneur/Incubatee

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	
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 and machinery (For manufacturing sector)/Investment in equipment (For services sector)	(Rs lakhs)
G)	Company type: Definitions are given in http://www.dcmsme.gov.in/ssiindia/defination_msme.htm	Micro/Small/Medium
3.	PROJECT INFORMATION	
Α.	Details of Proposed Idea/Innovation	
A1)	Title of the technology/innovation	
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- 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) 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.										
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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/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
- Please include any further information that you wish to communicate to us to help us in judging your application

	application	
5	OTHER	
form	I,, hereby certify that the information from Item 1-4 is true, complete and to the best of my knowledge.	furnished in the application
	Date and Place:	Signature of the Applicant

6. RECOMMENDATIONS OF THE FORWARDING ORGANIZATION

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

Date and Place: Organization with Seal Signature of the Head of