

Photo

This form must be completed in BLOCK CAPITALS

Application Form for the Start Ups/ Innovation Support

Student Information:

SR. NO	APPLICANT (INNOVATOR) NAME	DATE OF BIRTH (DD/MM/YY)	GENDER	GR NUMBER	BRANCH	SEME-STER
1						
2						
3						

PROJECT INFORMATION:

1	APPLICANT (INNOVATOR) COMPANY NAME (IF ALREADY FORMED)	
2	GUIDE NAME (IF ANY)	
3	PROJECT FORMULATION (INDIVIDUAL OR GROUP)	
4	ADDRESS OF INDIVIDUAL/ EACH MEMBER OF GROUP	NAME: ADDRESS: CONTACT NO.: M _____ L.L _____ EMAIL ID:
5	INNOVATION PROJECT IS OF: (PRODUCT/ PROCESS/ SERVICING)	
6	FIELD/SECTOR OF THE INNOVATION PROJECT:	
7	GIVE BRIEF DETAILS/ DESCRIPTION OF START UPS/ INNOVATION PROJECT	
8	STATE KEY INNOVATIVE FEATURES OF PROJECT	

9	HAS THE PROJECT BEEN STARTED OR YET TO START? IF STARTED, MENTION INNOVATION PROJECT STARTED DATE & EXPECTED DURATION:	PROJECT YET TO START PROJECT STARTED ON & EXPECTED DURATION
10	PROJECTED COST FOR START UP/INNOVATION PROJECT:	IN RS. WITH BREAKUP
11	AMOUNT INCURRED IN THE PROJECT TILL DATE:	IN RS. WITH BREAKUP
12	EXPENDITURE REQUIRED TO BE INCURRED: (I) FOR PRODUCT REALIZATION (II) MARKETING/SALES	IN RS. WITH BREAKUP
13	WHAT KIND OF FACILITIES DO YOU NEED/ EXPECTS FROM THE UNIVERSITY?	1. LIBRARY 2. MENTORING SERVICES 3. PROTOTYPE DEVELOPMENT 4. FACILITIES: SPACE, INTERNET, LABORATORY ETC. 5. ANY OTHER SERVICES REQUIRED (SPECIFY):
14	WHAT WAS THE INSPIRATION BEHIND THIS IDEA?	
15	WHY DO YOU THINK THAT YOUR IDEA/PROJECT/TECHNOLOGY IS INNOVATIVE? UNIQUENESS ABOUT YOUR IDEA.	
16	APPLICANT (INNOVATOR) EDUCATION & CERTIFICATION DETAILS	
17	OTHER INFORMATION	

Date:

Place:

Signature