***National Manufacturing***

Application of Entrepreneur/Incubatee

1. APPLICANT INFORMATION
2. Applicant's (entrepreneur) name
3. Age
4. Educational Qualifications
5. Postal Address
6. Telephone/mobile
7. Fax:
8. Email:
9. Website (if any)
10. Current professional/employment status
11. COMPANY INFORMATION
12. Have you registered a company, give details
13. Name of applicant company/firm
14. Location from which company is operating
15. Relationship with the Business Incubator/ Host Institute

|  |  |  |
| --- | --- | --- |
| E) | Company sector | Manufacturing/Services |
| F) | Investment in plant and machinery | (Rs \_\_\_\_\_\_\_\_\_\_\_\_ lakhs) |
|  | (For manufacturing sector)/Investment in |  |
|  | equipment (For services sector) |  |
| G) | Company type: Definitions are given in | Micro/Small/Medium |
|  | http://www.dcmsme.gov.in/ssiindia/defination\_msme.htm |  |

1. PROJECT INFORMATION

A . Details of Proposed Idea/Innovation

A1) Title of the technology/innovation

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***or Entrepreneurial and Managerial Development of SMEs through Incubators***

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

1. 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?

1. 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?

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)

Rs. \_\_\_\_\_\_\_\_\_\_\_\_

Requested under the MoMSME scheme

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* OTHER RELATED INFORMATION

1. 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)
2. Information on Patents filed/granted (if any)
3. Any awards or recognition related to the innovation
4. 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 Item 1-4 is true, complete and to the best of my knowledge.

Date and Place: Signature of the Applicant

1. RECOMMENDATIONS OF THE FORWARDING ORGANIZATION

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

Date and Place: Signature of the Head of

Organization with Seal