

Application of Entrepreneur/ Incubatee

1. APPLICANT INFORMATION

- A) Applicant (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 (Rs. _____ lakhs)
(For manufacturing sector)/Investment in
equipment (For service sector)
- G) Company type: Definition are given in Micro/Small/ Medium
[http:// www. dcmsme.gov.in/ssiindia/definition _msme.htm](http://www.dcmsme.gov.in/ssiindia/definition_msme.htm)

3. 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) What is 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 a taking innovation form lab a 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 / 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
- D) Please include any further information that you wish to communicate to us to help us in judging your application

5. 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

6. RECOMMENDATIONS OF THE FORWARDING ORGANIZATION

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

Date and Place:

Signature of head of Institution
with seal

Agreement between Host Institution/University Business Incubation Centre and Incubatee

Under scheme for “Support for Entrepreneurial and Management Development of SMEs through Incubators”

This agreement is made on this _____ day of _____ (Month) 20__.

BETWEEN

(hereinafter referred to as Host Institution/ **UNIVERSITY BUSINESS INCUBATION CENTRE**, the expression which unless repugnant to context shall be deemed to include its successors, administrators and executors) of the first part.

AND

(hereinafter referred to as INCUBATEE, the expression which unless repugnant to context shall be deemed to include its successors, administrators and executors) of the second part.

1.0 PREAMBLE

WHEREAS, the **HOST INSTITUTION/ UNIVERSITY BUSINESS INCUBATION CENTRE** has been incorporated for nucleating and promoting business enterprises for the benefit of the society and has been entrusted the task of running various programs and the management of various supporting facilities/resources for the benefit of entrepreneurs/entrepreneurial _____ ventures _____ by the _____

_____ (hereinafter referred to as **HOST INSTITUTION**) WHEREAS, the **BUSINESS INCUBATOR** has been approved by the Government for participation and funding support under the scheme for providing support for Entrepreneurial and Management Development of SMEs through Incubators (hereinafter referred to as the **SCHEME**) WHEREAS the **INCUBATEE** has applied for support for business advancement and its commercialization (hereinafter referred to as the **PROJECT**) from the **BUSINESS INCUBATOR** under the **SCHEME**, WHEREAS the **BUSINESS INCUBATOR** has reviewed the **PROJECT** proposal through its Managing Committee and approved the **PROJECT** for incubation under the **SCHEME** on such terms and conditions mentioned hereinafter

It is now agreed by and between the parties as follows:

2.0 RESPONSIBILITIES OF THE BUSINESS INCUBATOR

- 2.1 The BUSINESS INCUBATOR shall extend support to the INCUBATEE for the execution of the PROJECT of the PROJECT to the extent agreed in the final PROJECT budget and financing sheet (Appendix – I to this agreement) approved by the Managing Committee.
- 2.2 The support extended to the INCUBATEE could include support towards one or more of the following – the technology fee, guidance fee for mentors/ handholding persons (for technology, intellectual property planning and business planning), hiring or leasing cost of machinery/equipment/instruments or related services, office facilities (like telephone, fax, computers etc), infrastructural facilities (accommodation charges, utilities, etc) and other project costs depending upon the needs of the INCUBATEE and those approved by the Managing Committee.

3.0 RESPONSIBILITIES OF THE INCUBATEE

- 3.1 The INCUBATEE shall maintain documented evidence (invoices and receipts) of all costs incurred in running the PROJECT and submit to the BUSINESS INCUBATOR on a timely basis.
- 3.2 The INCUBATEE shall contribute a minimum of 15% (for micro enterprises) or 25% (for small enterprises) of the total project cost. In the event of the failure of the INCUBATEE meeting this requirement, the BUSINESS INCUBATOR shall be free to withdraw its support.

4.0 GENERAL

- 4.1 Both parties can terminate this agreement at any point by giving one month advanced notice of their termination to the other party after a period of 365 days from the date of this agreement.
- 4.2 Termination of this agreement subject to settlement of claims against each other will mean that both parties will be absolved of their responsibilities from the date of termination.
- 4.3 The parties shall endeavor to resolve any dispute relating to the rights, duties, terms and conditions contained in this agreement by mutual negotiations in good faith. However if the dispute remains unresolved, the arbitration of such disputes would be handled by the Managing Committee. The verdict of the Committee would be final and binding.

4.4 Neither party shall be held responsible for non-fulfillment of their respective obligations under this agreement due to the exigency of one or more of the force majeure events such as but not limited to acts of god, war, flood, earthquakes, strike, lockouts, epidemics, riots, civil commotion, etc., provided on the occurrence and cessation of any such events, the party affected thereby shall give a notice in writing to the other party within one month of such occurrence or cessation. If the force majeure conditions continue beyond six months, the parties shall then mutually decide about the future course of action.

In witness thereof the parties have caused their authorized representatives to sign this agreement on the date mentioned hereinabove.

Signed on this _____ day of _____ (Month) 20____.

For & on behalf of the Host

Institution/ BUSINESS INCUBATOR

Name:

Designation:

Postal Address:

Phone number:

Email address:

For & on behalf of the Host

Name:

Designation:

Postal Address:

Phone number:

Email address:

Performa of Host Institutions/Business incubator for Submission of Project Proposals

I. Executive Summary

Please provide the following in brief (not exceeding two pages):

- Objectives of the Business Incubator
- Thrust Areas
- Activities envisaged

II. Institutional Information

- 1) Name of the institution with contract person and address
- 2) Year of establishment
- 3) Name of Head of Institution with address for correspondence
- 4) Mentor/Guides for the proposed Business Incubatees (BI) (Details of his/her academic accomplishments, publications, area of Specialization and experience in guiding BIs to be given)
- 5) Mention institutional affiliation to any university or national organization.
- 6) Number of academic (industrial) departments/faculties
- 7) Total number of teaching and research faculty
- 8) Number of faculty with PhD Qualification
- 9) Number of faculty with background/interest in entrepreneurship
- 10) Industrial R&D/consultancy undertaken, if any, in the previous three years

Year	Number of Assignments		Present Status (Completed or not)
	Design	Testing	Others

11) Number of entrepreneurship development activities, if any, undertaken in the past three years

Year	Courses	Workshops/Seminars/ Conferences	Student Competitions Organized	Entrepreneur Lectures

III. Previous Experience in Business Incubation

- a) List products or technologies developed/modified, and whether they have been commercialized.
- b) Status of commercialization of new technology.
- c) IPRs obtained, if any.

IV. Infrastructure Availability

- a) Availability of equipments

Name of Equipment	Age and Condition of Equipment	Availability (Full Time or not)

- b) How much built-up area (in sq.ft.) will be available for BI?
- c) Linkage with industries and venture finance.

V. Enclosure

Enclose the following Certificate from the Head of the Institution to ensure the following:

- Commitment from the host institute for their agreed contributions for the BI for providing items like furnished building, furniture, utilities, office equipments etc.
- Responsibility for proper implementation and smooth functioning of the BI.

Date and Place:

Signature of head of Institution
with seal