Malaviya Centre for Innovation, Incubation & Entrepreneurship (MCIIE) Indian Institute of Technology (BHU), Varanasi

Pre-Incubation Application Form

Please read this before filling in/submitting the application

A note to the applicant

Disclaimer: (Don't remove or delete any portion of the application in whichever form you submit the same)

Every professional effort would be made by MCIIE to treat and handle this information provided here as confidential. However, by signing and applying to MCIIE for pre-incubation assistance on this application form, you agree not to make any claim or demand compensation unconditionally in any form, at any point of time, now or any time in future, on the information / technology details provided by you here as trade secret or proprietary intellectual property. This information is required by MCIIE to assess the candidature for the purpose of providing incubation services. Further MCIIE does not guarantee acceptance of your proposal until and unless the selection process is over and MCIIE has the right to reject any proposal without assigning any reason what so ever. MCIIE will not pay any compensation to you in any form for the delay in communicating the decision or rejecting the proposal at its own discretion.

Application form for Applying for availing pre-incubation services at MCIIE				
Entrepreneur Data				
Area of Activity(* If business entity has not been formed yet, please indicate the name of	the lead entrepreneur)			
Name of Lead Entrepreneur (A separate resume may also be attached)				
Title (Tick the appropriate) Mr. []Ms [] Dr [] Prof. []				
Full Name:				
Father Name:				
Age:	Dh at a man a b			
Phone: Residence:	Photograph			
Office: Mobile:				
(Residential / Identity Proof must be attached with application)				
Email				
Postal address / Residential Address (*)				
City State				
Postal code, Country				
Affiliation with Indian Institute of Technology (BHU)/Banaras Hindu University				
Yes: No:				
Educational Qualification Highest Qualification :				
(Please attach earlier copies of the certificate) Year of Passing :				
Grades Obtained :				
Area of Specialization :				
Area or specialization .				

Research experience :
Name of Institute/
University :
Employment/academic status
Status (Curriculum, Business, Certification, etc) - Detail your current situation
Professional Experience
1. Tell us your experience on Product development
2. Why do you want to take part for pre-incubation?
About Your business
Type of Business Idea
Type of Business fueu
Services
High Technology
Other
3. Do you have already established a working group or start-up?
4. Briefly describe your business (including product/services) (Attach separate sheet, if required)
5. Be sure to describe your products and services in a way to differentiate them from the competitions'
products
6. If you have website (demo / prototype associated with the company), please indicate the URL
7. Briefly describe your immediate and long-term sales goal for your start-up
7. Briefly describe your infinediate and folig-term sales goal for your start-up

8.	Briefly describe your competitors		
9.	If you require a team for your start-up, indicate the number of partners that you need and the areas to be		
	covered		
10.	While you participate in the pre-incubation program how many hours are are you going to dedicate each week? If you have other commitments, please let us know.		
	Your Start-up Stage?		
	a. Conceptual/Idea Stage		
	b. Design Stage		
	c. Prototype/Solution Demo Stage		
	d. SEED Stage		
	Legal entity (proposed)		
Pro	pprietorshipPartnershipCorporation		
	(Registration detail & Bank details / Proof)		
	Information about your current Start-up		
11.	Briefly describe what opportunity for making money does your business offer?		
12	If you've already invested financially in your start-up let us know and provide us any information about		
12.	your sales and profitability projections		
13.	Have you had mentors?		

14.	Describe the current status of your start-up, including customers, users, income or any other indicator of progress.
15.	What are your expected plans for your startup?
16.	What's worrying you as entrepreneur?
17.	What is the greatest ambition that can provide you success?
18.	How do you think your past experience is going to help you in this new venture?
19.	Who are your potential customers?
20.	Why should we choose your project, idea or start-up business, or pre-incubation?
	Service expected from MCIIE (Please give proper justifications for each head)
a.	Shared laboratories access
b.	Business Consulting service
c.	Use of conference rooms
d.	Advisory services (Paid Basis)
e.	Legal (Paid Basis)
f.	Accountancy services (Paid Basis)

Details of your Team - (Please give proper justifications for applicable head)				
1.	4.			
Name:	Name:			
Educational Qualification:	Educational Qualification:			
No of years of experience:	No of years of experience:			
Address:	Address:			
Phone:	Phone:			
Title:	Title:			
2.	5.			
Name:	Name:			
Educational Qualification:	Educational Qualification:			
No of years of experience:	No of years of experience:			
Address:	Address:			
Phone:	Phone:			
Title:	Title:			
3.	6.			
Name:	Name:			
Educational Qualification:	Educational Qualification:			
No of years of experience:	No of years of experience:			
Address:	Address:			
Phone:	Phone:			
Title:	Title:			
Technolog				
21. Does your business idea depend on application of ce	rtain technology, which needs to be developed? If so,			
please briefly describe the same?				
22. Is this technology your own? Or obtained from other	sources?			
23. If technology for your project is provided by another lab or agency, please indicate the name of agency.				
(Please submit the MoA / Certificate of No Objection)				
24. What is your arrangement for technology transfer and royalty payment etc with the technology providing				
	id royalty payment etc with the technology providing			
source?				

25. Do you envisage any modification to the original technology obtained from the technology-providing agency? Please describe the same with facilities required for customizing the technology obtained			
26. Do you have markets export market for your products / services			
Yes No			
If so, which nations / regions?			
27. Do you have go global for producing your products or offering your services?			
Yes No			
28. How did you learn about MCIIE?			
Referees			
Name of the Reference:			
Organization/ Designation			
Address			
Phone : email:			

Please check whether you have filled in all the details and attached all the relevant information as described / required here:

print and filled copy may be sent by courier or post to

The Coordinator

Technology Business Incubator
Malaviya Center for Innovation, Incubation & Entrepreneurship
Adjacent to the Department of Chemical Engineering & Technology
Indian Institute of Technology (Banaras Hindu University)
Varanasi- 221005; Uttar Pradesh, India

Tel. +91 - 0542-2368948/0542- 670 2705 /9621119315

Checklist for Pre-Incubation*

	A. List of Documents					
S.No.	Documents	Yes/No				
1	Business Pre- Incubation Application					
2	One Pager - Business Proposal/Plan/Summary(Stating Innovation in the Business) – Soft and Hardcopy					
3						
4						
5	Memorandum of Association, if applicable					
6	Business plan Lean Canvas					
8	Resume/CV of Innovator/Co-Promoters					
9	Ministry of Corporate Affairs' Company Master Data, if applicable					
13	Identification card of all the Directors/Partners					
14	Identity proof documents (Driver's License, or Voter ID Card, or Adhaar Card, or PAN Card)					
15	Address Proof of all the Directors/Partners (Electricity Bill or BSNL/MTNL Bill or Other Utility Bill)					
17	Startup India Recommendation Letter/DIPP registration certificate, if applicable					
	B. Other relevant documents, if any (please mention below)					
1						
2						
3						
4						
5						
6						

^{*}An application without above self-attested documents will be considered as incomplete and MCIIE, IIT (BHU) has right to reject your incomplete application.

Address: Malaviya Centre for Innovation, Incubation & Entrepreneurship, Adjacent to Department of Chemical Engineering & Technology, Opposite Swatantrata Bhawan, Indian Institute of Technology (BHU) Varanasi – 221005, Uttar Pradesh (E)

Ph: 0542-2368948, 6702705, Email: tbi.mciie@iitbhu.ac.in , Website: www.mciieiitbhu.org

The information that I/we have provided is correct. I further declare that the information that I have provided here with are not proprietary in nature and that I would not make any claim on same. I have also read and understood and accepted the terms and conditions set forth in the disclaimer in the beginning of this application. Applicants Signature Place

For Office Use Only					
Application Number: PREIN/MCIIE	2018A	Form Received Date:			
Signature					
Name	Amit Sinha	AatanuChakrovorty	Paritosh Tripathi		
Date					
Comments by Technology Expert/s with Signature					
Comments by Business Expert/s with Signature					
Approval/Comments by MCIIE Coordinator					
Duration approved for pre incubation					
Signature of Coordinator					