



CAUVERY COLLEGE FOR WOMEN (AUTONOMOUS)
ENTREPRENURSHIP DEVELOPMENT CELL
STUDENT INCUBATION CENTRE
APPLICATION FORM – EXTERNAL INCUBATEE

Application No:

Date:

I GENERAL INFORMATION

1. Name of the Applicant:
2. Gender : Male ☐ Female ☐
3. Date of Birth
4. Age : Below 20 ☐ 21-30 ☐ 31-40 ☐ Above 40 ☐
5. Designation : Student ☐ Professional ☐ , Specify.....
6. Phone Number :
7. Mail ID :
8. Postal Address :
9. Website (if any) :
10. Name of the Institution studying/studied:
11. Current professional /employment status:

Attested Photo

II Affiliation with Cauvery College for Women (IF ANY): Alumni / Student

Educational Qualification

Post Graduate:

Degree/Year:

Area of Specialization:

University/Institution:

Under Graduate:

Degree/Year:

Area of Specialization:

University/Institution:

III About Your business Idea

Product:

Service:

Technology Used:

Stage of Your Business Idea:

1.Idea 2. Pilot Stage 3.Seed Funding 4. Pre-Revenue 5. Growth Stage

Service expected from SIC (Tick)

- a) Building prototype
- b) Market Consultancy
- c) Business Consultancy
- d) Idea validation
- e) Commercialization of designed product
- f) Training
- g) Internship
- h) Administrative Advisory services (CA/Legal)

IV About your Team (Also include CV of Each promoter)

Details of Your 2nd Co-Founder

Full Name:

Date of Birth:

Mobile/ E-Mail:

Expertise:

Years of Experience:

V COMPANY INFORMATION, if any.....[Annexure]

- a) Have you registered your company, if so 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:

VI PROJECT INFORMATION [Annexure]

1. Details of Proposed Idea/ Innovation

- a) Name of the technology /innovation
- b) Category of technology / innovation (specify process/ product/ new application/other)
- c) Are you interested to apply for patent: Yes / No
- d) Specify the potential areas of application in industry / market:
- e) Uniqueness of the innovation:
- f) Market potential for your innovation/technology/product: High / Moderate
Low / Unknown

2. Current Development Status of Innovation/product/technology:

- a) Current development status of the innovation / product: ☐ Ideation stage
☐ ready to launch
- b) Required time for the completion of the project :
- c) Financial Requirements with budget estimation [also specify the expected RoI, prototype development/working capital/equipment/market survey]
- d) Do you have a business plan a taking innovation to commercial market. Yes / No
(Attach business plan in your own format)
- e) Funding support required: Yes / No , if Yes, Specify the approx. amount.....

VI OTHER RELATED INFORMATION

- i) Information on Patents filed/ granted (if any)
- j) Any awards or recognition received towards innovation:
- k) Please include any additional information that you wish to communicate to us to help us in screening your application

Note: Kindly submit a hard copy of filled application with required documents

DECLARATION

I, _____, hereby certify that the information furnished in the application form is true, complete and to the best of my knowledge.

Date and Place:

Signature of the Applicant

RECOMMENDATIONS OF THE FORWARDING ORGANIZATION

The application been screened and evaluated by Student Incubation Centre Committee members.

Date and Place:

SIC Coordinator

Signature of Head of Institution with seal