

INCUBATION CENTRE



INDIAN INSTITUTE OF TECHNOLOGY, PATNA

Amhara, Bihta, Patna - 801103

NIDHI PRAYAS - Individual Innovator Application Form

Program of Department of Science and Technology, Government of India National Science and Technology Entrepreneurship Board (NSTEDB)

Guidelines for filling the form

- 1) Please fill all sections
- 2) Do not alter the format of the form.
- 3) Please read applicant guidelines carefully before applying. Guidelines are available at https://nidhi-prayas.org/innovators.html
- 4) Please **DO NOT** fill up the application if
 - a) You are not an India Citizen or Startup with at least 51% shares owned by Indian citizens
 - b) You are under 18 years of age as on date of application
 - c) Your project is related to Pure Software development, e-Commerce, Services, App based solutions, assembly of off the shelf components.
 - d) Your project has crossed prototyping stage (entering test marketing, soft launch etc)
 - e) You are looking for funding a research or student internship in Academic institutions or R& D organisations.
 - f) You or your startup have been supported once under NIDHI PRAYAS scheme
 - g) You are currently pursuing a project under NIDHI EIR Scheme
 - h) You are a startup and is more than 7 years old / have earned a revenue of Rs 25 lakhs or above in any FY since your inception
 - i) You are not willing to pursue commercialization of the project
- 5) Please be ready with the following before filling up the application :
 - a) A latest passport size photograph of the lead applicant
 - b) Address, Aadhar card details and contact details of lead and co-applicants and ITR (if you are in employment)
 - c) In case of a team, agreement between the team members on who will be the lead innovator (as grant will be provided in lead innovator account)
 - d) If you are a student or employee of an academic / R&D institute, an NOC from your institute permitting you to
 - (1) Apply for the scheme and spend enough time in the Prayas supported project
 - (2) Have full ownership of IP that will be generated under the project and
 - (3) Take it further for commercialization
 - e) If you are using an IP not belonging to you, obtain a technology transfer agreement / NOC on using the IP for prototyping and commercialization from the IP owner
 - f) A detailed milestone plan for 12 to 18 months, along with cost associated with each milestone as per fund utilization guidelines provided.
- 6) After completing the application, please send it to <u>nidhiprayas.ic@iitp.ac.in</u> with subject line as "Application for NIDHI PRAYAS : <title of your project> : <name of the lead innovator>" prior to the application deadline.

NIDHI PRAYAS Application Form

A. Title of the prop	osed proj	ect (<i>Plea</i>	se specify the p	roject title	e below)			Size Pł
Size P								
B. Innovator Details								
			B.1. Perso	nal Detail	s			
Name of Lead						Gender		
Innovator								
Email						Phone		
						Number		
Father's / Spouse						Relation	Father / Spouse	
name								
Date of Birth						Category	Gen / OBC / SC /	/ ST
Educational							, , ,	
Qualification								
PAN Card No:						Aadhar		
						No:		
F	Postal Add	lress			F	Permanent	Address	
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Note : Please enclos		-	-					e or
residence certificate	e issued b	y Sub-Div	B.2. Profess			viagistrate(Divij	
Profession of App			Employment			tudent	c. Sta	irtup
a. If you are an e	mployee	or a stu	dent, please pr	ovide the	followir	ng informa	ition	
Name of the organi	zation							
Address of the orga	nization		<u> </u>					
Address of the orga								
City :			State :			Pin	ı.	
Notes:			State :					
	nclose No	Obiectio	n Certificate fro	m Head o	f the Inst	titute as per	r auidelines	
2) If you are an er		-	··· , ··· , ·				J	
a) No Objecti	on Certific	cate from	Head of the Or	ganizatioi	n as per <u>a</u>	guidelines		
b) ITR copy								
h 16			da tha fallansia					
b. If you are a star	τир, ріеа	se provi	ae the Jollowin	g inform	ation			
Name of the								
Startup								
Date of			Type of Startu	p Pvt Lt	:d	LLP	Others	
incorporation								
Company								
website link						1.		
Revenue	This FY :				Last F	<i>(</i> :		
(In Lakhs)								
Role of Lead innova	tor in sta	t-up	CEO C	ro Ot	hers (Spe	ecify)		
		ιup				cony		

I

B. 3. Team Details									
If you are a student/employee and have team members, please provide their details									
(Add rows as necessary)									
Name of the	Adhar no. of	PAN no. of	Email and Phone number	Gender	Qualifica				
Team member	team member	team member			tion				
		ase provide the fo	ollowing information						
(Add rows as nec	,,	1	1	1	-				
Name of founder	Nationality of	Is the person	Email	Phone	%				
/ Co-founder	Co-founder	full time into			Shareh				
		the startup?			olding				
Note:	1	1	1	1	<u> </u>				
	n certificate of the	company and cap t	table of the company if you o	are a start-ui)				

Coloct the D)omain vo			Details of Pr		ject			
Mobility	Agrite		Edutech	ck appropriat Fintech	Cleantech	Foodte	ech H	ealthtech	Smart City
Others	, grite,		Educen	Tinteen	cicunteen	Toout			Sinditicity
	(Please specify) Select the current status of your project (Tick appropriately)								
	Paper presenta	Colleg Proje	ge Proof o	f Prototyp	Minimu m Viable	Field Trial	Product in	Revenu	e Scale up
Provide Bri	tion ef descrin			shlighting inno	Product		Market		
	•		-	exure and ind			mber bel	ow.)	
			ou are trying						
(In case of l	large cont	ent, at	ttach as Ann	exure and ind	icate the ani	nexure nu	mber bel	ow.)	
2. Briefly	explain th	ne scie	ence and wo	rking princip	le behind th	e idea			
				exure and ind			mber bel	ow)	

3. Who would be the beneficiary of this innovation and why? (In case of large content, attach as Annexure and indicate the annexure number below.)						
4. Provide image of product (if any) as						
Annexure (Indicate the annexure number.)						
5. Provide Video link of the product:						
6. What are the existing solutions in the market ?						
7. Who would be prospective buyers of your product / beneficiary of your innovation and what is						
the size of the addressable market?						

8. Have you done any validation to check the need for / feasibility of your idea? If yes, then please
describe who all you spoke with and what was their feedback?
9. Who are the competitors in your market? What is your unique value proposition in comparison to the competitor?
10. Do you have any Patent / Copyright for your innovation? If yes, please provide the details.
11. Final outcome / deliverable of the project

a.	Funding Required (Am (Prayas Fund is upto R	ount Rs. in lakhs	1			
	innovator should add	s. 10 Lakhs, if the	project cost is n			
		Break up det	ails of fund requ		1	
Sr.No	Items		Project Co Own Shar contribut applicant	re to be red by	PRAYAS Fur Required	nding
1.	Outsourcing Charges for Engg/Consultancy/Testir	-				
2.	Raw material/ Consumal	oles/Spares				
3.	Fabrication /Synthesis ch model or process	narges of working				
4.	Business Travel and Ever (Ceiling 10% of approved		es			
5.	Patent filing Cost – (PCT- approved project cost)	Ceiling 10% of				
6.	Contingency - (Ceiling 10 project cost)	% of approved				
7.	Others					
			rotal nes and Work P	lan		
	Project period in mor	nths (Not more	than 12-18 mo	nths)		
Sr.No	Activities		Monitorable M	lilestones	Duration (months)
1.						
2.						
3.						
4.						
5.						
F · ·			of Present Fund	-	[[
Furnish Sr. No	details of received fina Date of Funding Received	award for your ment, NIDHI nding, Others)	Agency Na		Amount in Rs.	
1.						
2.						
3.						

G. Details of Support under NIDHI Schemes		
Have you also applied / in process of applying to any other PRAYAS Centre (s) for NIDHI-	Yes	No
PRAYAS and/or NIDHI-EIR grant		
If yes, Please provide name of the Centre / TBI and the program below		
Have you been approved / received the NIDHI- PRAYAS	Yes	No
If yes, Please provide name of the Centre / TBI and the program below		
Are you Incubated/Pre-Incubated/associated with any other Incubator	Yes	No
If yes, Please provide name of the Centre / TBI and the program below		

	H. Understanding the Policy		
1.	I confirms that me and my co-founders/team members has not been a recipient of any NIDHI-PRAYAS or similar support previously for the same innovative concept as proposed in this form. NIDHI-PRAYAS can be used only once.	Yes	No
2.	I confirms that me and my co-founders/team members will pursue NIDHI- PRAYAS full time with no other concurrent commitments.	Yes	No
3.	I confirms that we will be fully committed to work towards the prototype development for which the support is being sought and should not treat this as a stop gap arrangement to support any other pursuits	Yes	No
4.	I confirms that we will register for the pre incubation or incubation program at the TBI (Incubation Centre IIT Patna) for the entire duration of PRAYAS support as per its incubation policy / terms.	Yes	No
5.	I confirm that me or my co-founders/ team members if selected for NIDHI- PRAYAS, then we will avail support for our project from only one PRAYAS Centre (PC). We will not seek NIDHI-PRAYAS support for the same idea/different from two different PCs. The PC reserves the right to discontinue the PRAYAS support and appropriate action will be taken on the applicant.	Yes	No
6.	I confirm that me or my co-founders/ team members confirms that we will not avail the funding support in parallel for both the schemes i.e NIDHI-PRAYAS and NIDHI - EIR from the same or different centers.	Yes	No
7.	I Confirm that we will provide all requested data and information to the PRAYAS Centre and report in a timely manner.	Yes	No
8.	I hereby confirm that we have all statutory/regulatory permissions and approvals/permits to operate/run or conduct business operations and we agree to strictly abide by Incubation Centre IIT Patna policy and guidelines at any point in time.	Yes	No
9.	I Confirm that all the above information mentioned in the application form is true and I have read and understood the guidelines and eligibility criteria.	Yes	No

Declaration:

I declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. If any information is found false or incorrect, my candidature will stand cancelled and all my claims will be forfeited. I have not received any financial assistance for the present proposal from any other agency.

Place: Date:

Signature of the applicant