**INCUBATION CENTRE**

**INDIAN INSTITUTE OF TECHNOLOGY, PATNA**

Amhara, Bihta, Patna – 801103

**NIDHI PRAYAS - Individual Innovator Application Form**

Program ofDepartment 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
	1. You are not an India Citizen or Startup with at least 51% shares owned by Indian citizens
	2. You are under 18 years of age as on date of application
	3. Your project is related to Pure Software development, e-Commerce, Services, App based solutions, assembly of off the shelf components.
	4. Your project has crossed prototyping stage (entering test marketing, soft launch etc)
	5. You are looking for funding a research or student internship in Academic institutions or R& D organisations.
	6. You or your startup have been supported once under NIDHI PRAYAS scheme
	7. You are currently pursuing a project under NIDHI EIR Scheme
	8. 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
	9. You are not willing to pursue commercialization of the project
5. Please be ready with the following before filling up the application :
	1. A latest passport size photograph of the lead applicant
	2. Address, Aadhar card details and contact details of lead and co-applicants and ITR (if you are in employment)
	3. 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)
	4. 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
	5. 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
	6. 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 nidhiprayas.ic@iitp.ac.in 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**

Latest Passport Size Photo (not more than 6 months old)

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| **A. Title of the proposed project *(Please specify the project title below)*** |
|  |
| **B. Innovator Details** |
| **B.1. Personal Details** |
| Name of Lead Innovator |  | Gender |  |
| Email |  | Phone Number  |  |
| Father’s / Spouse name |  | Relation | Father / Spouse |
| Date of Birth |  | Category | Gen / OBC / SC / ST |
| Educational Qualification |  |
| Name of College/ University |  |
| PAN Card No: |  | Aadhar No: |  |
| **Postal Address** | **Permanent Address** |
|  |  |
| ***Note :*** *Please enclose a copy of ration card or any other Govt document regarding proof of Residence or residence certificate issued by Sub-Divisional Magistrate(SDM)/District Magistrate(DM)* |
| **B.2. Professional Details** |
| Profession of Applicant | a. In Employment b. Student c. Startup |
| ***a. If you are an employee or a student, please provide the following information***  |
| Name of the organization |  |
| Address of the organization  |
| City : State : Pin: |
| **Notes:** 1. *For Students, enclose No Objection Certificate from Head of the Institute as per guidelines (Refer annexure-1)*
2. *If you are an employee, enclose*
	1. *No Objection Certificate from Head of the Organization as per guidelines (Refer annexure -2)*
	2. *ITR copy*
 |
| ***b. If you are a venture/startup, please provide the following information***  |
| Name of the Startup |  |
| Date of incorporation |  | Type of Startup  | Pvt Ltd LLP Others |
| Company website link  |  |
| Revenue (In Lakhs) | This FY :  | Last FY :  |
| Role of Lead innovator in start-up | CEO CTO Product Head Others (Specify) |

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| **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 Team member | Aadhar no. of team member | PAN no. of team member | Email and Phone number | Gender | Qualification |
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| **If you are a registered start-up, please provide the following information** *(Add rows as necessary)* |
| Name of founder / Co-founder | Nationality of founder/Co-founder | Is the person full time into the startup? | Email | Phone | % Share holding |
|  |  |  |  |  |  |
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| **Note:** *Enclose registration certificate of the company and cap table of the company if you are a start-up* |

If, you are a startup, Please provide Team Member Details (NOTE: If no team members, kindly mention NA in column Name)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr No.  | Name  | Aadhar No. | Pan Card no. | Gender | Contact  | Email-id | Qualification |
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| **C. Details of Proposed Project** |
| Select the Domain you are working in (Tick appropriately) |
| Mobility | Agritech | Edutech | Fintech | Cleantech | Foodtech | Healthtech | Smart City |
| Geospatial Tech Others (Please specify) |
| Select the current status of your project (Tick appropriately) |
| Idea | Paper presentation | College Project | Lab level- Proof of Concept | Prototype Ready | Minimum Viable Product | Field Trial | Product in Market | Revenue | Scale up |
| 1. Provide Brief description of the idea highlighting innovative element.*(In case of large content, attach as Annexure and indicate the annexure number below.)* |
|  |
| 2. What is the problem you are trying to solve ? *(In case of large content, attach as Annexure and indicate the annexure number below.)* |
|  |
| 1. Please mention the hardware component which will be developed in the proposed prototype.
 |
| 1. Briefly explain the science and working principle behind the idea

*(In case of large content, attach as Annexure and indicate the annexure number below)* |
|  |
| 1. Who would be the beneficiary of this innovation and why?

*(In case of large content, attach as Annexure and indicate the annexure number below.)* |
|  |
| 1. Provide image of product (if any) as Annexure

*(Indicate the annexure number.)*  |  |
| 1. Provide Video link of the product:
 |  |
| 1. What are the existing solutions in the market ?
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|   |
| 1. Who would be prospective buyers of your product / beneficiary of your innovation and what is the size of the addressable market?
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|  |
| 1. 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?
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| 1. Who are the competitors in your market? What is your unique value proposition in comparison to the competitor?
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| 1. Do you have any Patent / Copyright for your innovation? If yes, please provide the details.
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| 1. Final outcome / deliverable of the project
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| **D. Funding Requirement** |
| a. | **Funding Required (Amount Rs. in lakhs)*****(Prayas Fund is upto Rs. 10 Lakhs, if the project cost is more innovator should add his/her contribution in the table below)*** |  |
| **Break up details of fund required**  |
| **Sr.No** | **Items** | **Project Cost** **Own Share to be contributed by applicant** | **PRAYAS Funding Required** |
| 1. | Outsourcing Charges for R&D/DesignEngg/Consultancy/Testing/Expert cost |  |  |
| 2. | Raw material/ Consumables/Spares |  |  |
| 3. | Fabrication /Synthesis charges of working model or process |  |  |
| 4. | Business Travel and Event participation Fees (Ceiling 10% of approved project cost) |  |  |
| 5. | Patent filing Cost – (PCT- Ceiling 10% of approved project cost) |  |  |
| 6. | Contingency - (Ceiling 10% of approved project cost) |  |  |
| 7. | Others |  |  |
|  **Total** |  |  |
| **E. Milestones and Work Plan** |
| **Project period in months (Not more than 12-18 months)** |  |
| **Sr.No** | **Activities** | **Monitorable Milestones** | **Duration (months)** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| **F. Details of Present Funding** |
| Furnish details of received financial support / award for your present work from other sources |
| **Sr. No** | **Date of Funding Received** | **Funding Type****(Angel/VC Investment, NIDHI Scheme, Seed funding, Others)** | **Agency Name** | **Amount in Rs.** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

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| **G. Details of Support under NIDHI Schemes** |
| Have you also applied / in process of applying to any other PRAYAS Centre (s) for NIDHI-PRAYAS and/or NIDHI-EIR grant | Yes | No |
| 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 |
|  |
| Have you received financial support / award for your present work from any other sources?  | Yes | No |
| if yes, please furnish details |

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| **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: Signature of the applicant**

**Date:**

**Annexure – 1**

**(To be used by Student)**

(On the letter head) **Date-**

**No Objection Certificate**

**TO WHOM IT MAY CONCERN**

This is to certify that Mr./Ms. ……………………………………….…pursuing……………………..…(course name---year---session etc.) from our Institution, has expressed his/her interest to apply under the Nidhi Prayas (National Initiative for Developing and Harnessing Innovations for – Promoting and Accelerating Young Aspiring innovators and start-ups) Program launched by Department of Science and Technology (DST) and hosted by Indian Institute of Technology PATNA.

Our Institution has no objection regarding his/her application under the Nidhi Prayas Program. We further ensure that we shall allow sufficient time to Mr/Ms…………………………………………………………….to work under the aforesaid Program.

The ownership of the Intellectual Property Rights (IPRs) under the Nidhi Prayas Program shall lie with Mr/Mrs………………………………………………………………………………………………and/or with his/her team. The IPRs so created, whether registered or not, shall be allowed for commercialisation in the national or international market.

Yours sincerely

|  |  |
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| Head of Department(Signature with seal)Name:Date:  | Head of Institution/ Organization   (Signature with seal) Name: Date: |

**Annexure – 2
(To be used by Employee)**

(On the letter head) **Date-**

**No Objection Certificate**

**TO WHOM IT MAY CONCERN**

This is to certify that Mr./Ms. ……………………………………………working in …………………(Emp\_id—Department…………..) from our Institution/organisation, has expressed his/her interest to apply under the Nidhi Prayas (National Initiative for Developing and Harnessing Innovations for – Promoting and Accelerating Young Aspiring innovators and start-ups) Program launched by Department of Science and Technology (DST) and hosted by Incubation Centre Indian Institute of Technology Patna

Our Institution/organisation has no objection regarding his/her application under the Nidhi Prayas Program. We further ensure that we shall allow sufficient time to Mr/Ms…………………………………………...to work under the aforesaid Program.

The ownership of the Intellectual Property Rights (IPRs) under the Nidhi Prayas Program shall lie with Mr/Mrs………………………………………………………………………………. and/or with his/her team. The IPRs so created, whether registered or not, shall be allowed for commercialisation in the national or international market.

Yours sincerely

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| Head of Department(Signature with seal)Name:Date:  |  Head of Institution/ Organization    (Signature with seal) Name: Date: |