

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 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)

A. Title of the proposed project (Please specify the project title below)

B. Innovator Detai	ls						
			B.1. Perso	nal Deta	ails		
Name of Lead						Gender	
Innovator							
Email						Phone	
						Number	
Father's / Spouse						Relation	Father / Spouse
name						Relation	Tather / Spouse
						Catalana	C / ODC / CC / CT
Date of Birth						Category	Gen / OBC / SC / ST
Educational							
Qualification							
Name of College/							
University							<u> </u>
PAN Card No:						Aadhar	
_		•				No:	• • • •
	Postal Add	iress				Permanent	Address
Nota : Plagga angla	CO C CODY	of ration	card or any oth	or Cout	documo	at regarding r	proof of Residence or
residence certificat		-	-				
residence certificat	e issueu b	y Sub-Divi	B.2. Profess			t Wagistrate	Divij
Duefersien of Au		- I.a [ionai D		Charles	- C++
Profession of Ap			Employment			. Student	c. Startup
a. If you are an e	mployee	or a stua	lent, please pr	ovide th	e follov	ving informa	ition
Name of the organi	ization						
Address of the orga	anization						
City:			State :			Pir	1:
Notes:							
	nclose No	Objection	n Certificate fro	m Head	of the Ir	nstitute as pe	r guidelines (Refer
annexure-1)							
2) If you are an e							'n (
	ion Certific	cate from	Head of the Or	ganızatı	on as pe	r guidelines (Refer annexure -2)
b) ITR copy							
b. If you are a ven	ture/star	tup, plea	ise provide the	follow	ing info	rmation	
Name of the							
Startup							
Date of			Type of Startu	p Pvt	Ltd	LLP	Others
incorporation							
Company							
website link							
Revenue	This FY:				Last	FY:	
(In Lakhs)							
Role of Lead innova	ator in sta	rt-up	CEO C	ΓΟ Γ	roduct	Head	Others (Specify)

	B. 3. Team Details									
If you are a stude	If you are a student/employee and have team members, please provide their details									
(Add rows as nec	(Add rows as necessary)									
Name of the	Aadhar no. of	PAN no. of	Email and Phone number	Gender	Qualifica					
Team member	team member	team member			tion					
If you are a regist	ered start-up. ple	ase provide the f	lowing information							
(Add rows as nec	• •									
Name of founder	Nationality of	Is the person	Email	Phone	%					
/ Co-founder	founder/Co-	full time into			Share					
	founder	the startup?			holding					
Note:	1	1	1	ı						
Enclose registration	n certificate of the	company and cap	table of the company if you o	are a start-u	ıp					

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	Gender	Contact	Email-id	Qualification
			no.				

					C. De	etails of Pr	oposed Pro	oiect				
Select the	Don	nain you	u are	worki	ng in (Tick a		-	- ,				
Mobility		Agrite	ch	Ed	utech	Fintech	Cleantech	Foodte	ech	Hea	lthtech	Smart City
Geospatial	Tech											
Soloct the	(Please specify) Select the current status of your project (Tick appropriately)											
Select the		aper		-	Lab level-		Minimu		Proc	luct		Τ
Idea	pre	senta	Coll	ege ject	Proof of	Prototyp e Ready	m Viable	Field Trial	ir	า	Revenue	Scale up
1 Provide		ion			Concept	•	Product novative e		Mar	ket		
							licate the ar		mber	belov	v.)	
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2. What i	s the	probl	em y	ou are	e trying to	solve ?						
							licate the ar	nnexure nu	mber	belov	v.)	
3. F	leas	e ment	ion t	he ha	rdware cor	nponent w	hich will b	e develope	ed in t	the pr	oposed 1	prototype.
						1		1		1		. 71

4. Briefly explain the science and working principle behind the idea
(In case of large content, attach as Annexure and indicate the annexure number below)
5. Who would be the beneficiary of this innovation and why?
(In case of large content, attach as Annexure and indicate the annexure number below.)
6. Provide image of product (if any) as
Annexure
(Indicate the annexure number.)
7. Provide Video link of the product:
7. Provide video link of the product.
8. What are the existing solutions in the market ?

9. Who would be prospective buyers of your product / beneficiary of your innovation and what is the size of the addressable market?
10. 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?
11. Who are the competitors in your market? What is your unique value proposition in comparison to the competitor?
12. De veu hous and Detent / Comminht for veus impountion 2 If you misses many ide the details
12. Do you have any Patent / Copyright for your innovation? If yes, please provide the details.

13. Final outcome / deliverable of the project	

	D. Fund	ing Re	quirement						
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/Design Engg/Consultancy/Testing/Expert cost								
2.	Raw material/ Consumables/Spares								
3.	Fabrication /Synthesis charges of working model or process	В							
4.	Business Travel and Event participation For (Ceiling 10% of approved project cost)	ees							
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	Mon	itorable Milestones	Duration (months)					

1.						
2.						
3.						
4.						
5.						
		F. Details	of Present Fundir	ng		
Furnish	details of received fina	ncial support /	award for your p	resent work f	rom other s	ources
Sr. No	Date of Funding Received	Funding Type (Angel/VC Invest Scheme, Seed for	stment, NIDHI	Agency Nan	ne	Amount in Rs.
1.						
2.						
3.						

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 If yes, Please provide name of the Centre / TBI and the program below	
If yes, Please provide name of the Centre / TBI and the program below Have you been approved / received the NIDHI- PRAYAS 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
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If yes, Please provide name of the Centre / TBI and the program below Are you Incubated/Pre-Incubated/associated with any other Incubator Yes	
If yes, Please provide name of the Centre / TBI and the program below Are you Incubated/Pre-Incubated/associated with any other Incubator Yes	
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	No
Have you received financial support / award for your present work from any other Yes	No
sources?	
if yes, please furnish details	

	H. Understanding the Policy					
1.	I confirms that me and my co-founders/team members has not been a recipient	Yes	No			
	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.					
2.	I confirms that me and my co-founders/team members will pursue NIDHI-	Yes	No			
	PRAYAS full time with no other concurrent commitments.					
3.	I confirms that we will be fully committed to work towards the prototype	Yes	No			
	development for which the support is being sought and should not treat this as a					
	stop gap arrangement to support any other pursuits					
4.	I confirms that we will register for the pre incubation or incubation program at	Yes	No			
	the TBI (Incubation Centre IIT Patna) for the entire duration of PRAYAS support					
	as per its incubation policy / terms.					

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		
yearsession etc.) from our Institution, has ex (National Initiative for Developing and Harnes	mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm	
	is/her application under the Nidhi Prayas Program. We ime to Mr/Msto	
Mr/Mrs	ghts (IPRs) under the Nidhi Prayas Program shall lie withand/or with his/her team. The hall be allowed for commercialisation in the national or	
Yours sincerely		
Head of Department (Signature with seal)	Head of Institution/ Organization (Signature with seal)	
Name: Date:	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			
Program. We further ensure that we	objection regarding his/her application under the Nidhi Prayas shall allow sufficient time to to work under the aforesaid Program.		
Mr/Mrs	operty Rights (IPRs) under the Nidhi Prayas Program shall lie with and/or with his/her team. The IPRs so shall be allowed for commercialisation in the national or		
international market.			
Yours sincerely			
Head of Department	Head of Institution/ Organization		
(Signature with seal)	(Signature with seal)		
Name:	Name:		
Date:	Date:		