**Development of Entrepreneurship Through Incubation, DETI@ACE**

**NIDHI – PRAYAS Programme**

**PRAYAS - Individual Innovator Application form**

Application Ref no **–**

 Latest Photo

(To be given by PRAYAS Centre)

**I. Applicant Information**

1. Title of the proposed product/prototype:

2. Applicant Details:

1. Name of the applicant:
2. Father’s name/Husband’s name:
3. Date of Birth: (dd/mm/yyyy):
4. Email ID:
5. Mobile Number:
6. Landline Number:
7. Gender:
8. Educational Qualification:
9. Category (General/SC/ST/OBC):
10. Address : (Enclose any document regarding proof of Residence)

|  |  |
| --- | --- |
| Postal Address | Permanent Address  |
|  |  |

1. Status of the Applicant (Student/Pre-Incubatee/Incubatee/Start-up/Entrepreneur/others)
2. Name & Address of the Institution/Organization:

(For Students and working Innovator, No Objection Certificate

 from Head of Institute /Organization is required)

1. Annual Income of the applicant:
2. PAN Card no:
3. Aadhaar No (mandatory):

**II. Product Information**

1. Brief description of the idea highlighting innovative element.

(Please use a separate sheet)

1. (a) Status of work already carried out (if any) such as. Please tick ✓as applicable.
* participation in competition
* making a model
* provisional application for IP/patent
* paper presentations
* publication
* college project
* Any other

 (b) Rationale of the proposal

 (c) Final outcome/deliverables of the project

(d) Beneficiary sector out of Indented product/prototype

(e) Marketability potential

(f) Any VC’S/AI’S identified (Yes/No):

(g) If so, details of VC’S/AI’S

**III. Budget and work plan**

1. Proposed costs and time frame

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.No** | **Items** | **Project Cost****Own Share** | **PRAYAS support sought** |
| 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) |  |  |

Project period in months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Not more than 18 months)

1. Activity details/work plan

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No** | **Activities** | **Monitorable Milestones** | **Duration (months)** |
|  |  |  |  |

1. Have you received financial support / award for your present work from any other sources? (if so, please furnish details)

**IV. Mandatory disclosure**

Essential Criteria

|  |  |
| --- | --- |
| Applicant Confirms that he/she 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 |
| Applicant is planning to pursue NIDHI- PRAYAS full time with no other concurrent commitments | Yes/No |
| Applicant confirms that he/she is 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 |
| Applicant has or is planning to register for the pre incubation or incubation program at the TBI for the entire duration of PRAYAS support | 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:**