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# Application form for Availing Incubation Services at SINED (TBI), NDRI Campus, Karnal

# (Please read the footnote before filling in/submitting the application)

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| **#** | **A note to the applicant:**1. It is mandatory for all incubatees to become member of Society for Innovation & Entrepreneurship in Dairying 2. Disclaimer: Every professional effort would be made by SINED-TBI to treat and handle this information provided here as confidential. However, by signing and applying to SINED-TBI for incubation assistance on this application form, you agree not to make any claim or demand compensation unconditionally in any form, at any point of time, now or any time in future, on the information / technology details provided by you here as trade secret or proprietary intellectual property. 3. This information is required by SINED -TBI to assess the candidature for the purpose of providing incubation services. Further SINED-TBI does not guarantee acceptance of your proposal until and unless the selection process is over and SINED-TBI has the right to reject any proposal without assigning any reason what so ever. SINED-TBI will not pay any compensation to you in any form for the delay in communicating the decision or rejecting the proposal at its own discretion. |
| **A.** | Name of Business: |
| **B.**  | Full Name of Lead Entrepreneur: |
| **C.** | Father Name:  |
| **D.**  | Age: |
| **E.**  | Contact No.: |
| **F.** | E-mail ID: |
| **G.** | Postal Address / Residential Address |
| **H.** | City, State and Pin Code: |
| **I.** | All Educational Qualifications in Details: |
| **J.** | Experience in the field: |
| **K.** | Non-academic achievements: |
| **L.** | Entrepreneurial Experience: |
| **M.**  | Research & Development Experience: |
| **N.** | Business Experience:  |
| **O.**  | Marketing Experience: |
| **P.**  | Why you want to become an entrepreneur? |
| **Q.**  | List the name(s) of co promoters (*If any, in detail*) |

**BUSINESS PROPOSAL**

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| **1.** | GENERAL DESCRIPTION OF BUSINESS |
| **2.** | Details of the product(s) proposed: |
| **3.** | Does your business require any governmental or regulatory approvals? |
| **4.** | Legal entity (proposed): |
| **5.**  | Core Competence of the Promoters: |
| **6.** | How do you think your past experience is going to help you in this new venture? |
| **7.** | Technology Details: |
| **8.**  | Is this technology your own? Or obtained from other sources? |
| **9.** | Status of technology: (proven at lab scale, pilot scale, industrial scale) |
| **10.** | Do you have IP rights to employ that technology? |
| **11.** | Do your business require the development of new technology? If yes, briefly explain: |
| **12.** | Do you need technology development and research assistance from SINED-TBI? |
| **13.** | If yes, who will own the IP generated? |
| **14.** | Do you envisage any modification to the original technology obtained from the technology-providing agency? Please describe the same with facilities required for customizing the technology obtained. |
| **15.** | Target market: |
| **16.** | Have you done any research or survey to validate your assumption on this business? |
| **17.** | Have you estimated and identified your seed funding needs/ source? |
| **18.** | Do you need any machinery or capital item for starting of your venture? If yes, please specify the same with the purpose. |
| **19.** | Have you estimated your Project cost? (*Detailed Business Plan may be enclosed*)If yes, please give the break-up, as below:

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| **Head** | **Budget required** |
| Pre-operative expenses: |  |
| Prototype Development: |  |
| Test marketing: |  |
| Fixed Costs (Equipment, etc.): |  |
| Working Capital: |  |
| Other Requirements: |  |
| Total: |  |

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| **20.** | Have you applied for or received funding for your incubates. |
| **21.** | Exact status of funding : Already granted / Applied for. |
| **22.** | If already granted give the following information : |
|  | Title of the Project |  |
| Funding organization |  |
| Amount ( ) |  |
| Duration with start and end date |  |
| Type of funding (grant-in-aid, scholarship, fellowship, loans, etc.) |  |
| **23** | What sales volume is needed to break even and in what timeframe? |
| **24.** | Working capital required for the business: |
| **25** | Cash flow projection for the next 36 months: |
| **26** | Major business activities planned for the next 36 months: |
| **27** | Attach recent balance sheet and income statement if available. If not then give reasons: |
| **28** | Have you done market survey? If yes, give the result: |
| **26.**  | What unmet market need or demand will your product(s) fulfill? |
| **27.** | Target customer (Number, class, area, income group, etc.): |
| **28.** | Details of your major competitors: |
| **29.** | What are your competitive advantages? |
| **30.**  | What are the major risks attached with your business? |
| **31.** | Other factors that you wish to provide for consideration of your proposal: |

**FACILITIES REQUIREMENTS IN BUSINESS INCUBATOR**

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| **1.** | Why do you want to locate in the SINED-TBI, NDRI Campus? |
| **2.** | Infrastructure requirement for space, equipments, etc: |
| **3.** | Minimum services expected from SINED-TBI(Please tick appropriate option)1. Telephone : Yes ( ) No ( )
2. Fax : Yes ( ) No ( )
3. Shared laboratories access : Yes ( ) No ( )
4. Business Consulting service : Yes ( ) No ( )
5. Web Access : Yes ( ) No ( )
6. Use of conference rooms : Yes ( ) No ( )
7. Advisory services : Yes ( ) No ( )
 |
| **4.** | List any special requirements for usage of NDRI laboratory facilities: |
| **5.** | Specify requirement of Mentoring and other professional services/ support: |
| **6.** | Indicate potential benefits from access to SINED-TBI incubation services: |
| **7.** | If accepted as an incubatee, when would you want to start occupancy in the Incubator? |
| **8.**  | Present status of business facility: (Location, area, rent/cost) |
| **9.** | Manpower skills required:Full Time:Part Time: |
| **10.** | Employment generation: (*Indicate precisely how jobs will be created/ retained*) |
| **11.** | Any other relevant information: |
| **12.** | **References\*:** (*Give two references here, verification will be done after completion of the selection process*)1. Name of the Reference:Organization/ Designation:Contact details:Address:2. Name of the Reference:Organization/ Designation:Contact details:Address: |

***Declaration:***

The information that I/we have provided is correct. I further declare that the information that I have provided herewith are not proprietary in nature and that I would not make any claim on same. I have also read and understood and accepted the terms and conditions set forth in the disclaimer given in the footnote of this application.

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| --- | --- |
| **Date:** |  |
| **Place:** | **Signature of Applicant(s)** |

(*Please check whether you have filled in all the details and attached all the relevant information as described /required here*)**The completed application with all enclosure may be emailed to** stbindri@gmail.com. **Filled & printed copy may be sent by courier or post to:**

Dr. Deep Narayan Yadav,

Head (DT), NDRI & Secretary,

Society for Innovation & Entrepreneurship in Dairying (SINED)

ICAR-National Dairy Research Institute Campus (NDRI), Karnal – 132 001 (Haryana)