APPLICATION FORM FOR STARTUPS

1	Name of startup:		
•	Cont	act details	
a		Primay Contact Person (should one of the full time founder)	
		Designation	
		Email	
		Mobile Number	
b		Registered Address	
С		Office Address (if different from above)	
d		Email	
e		Office Phone	
f.		Website	
L	.ega	al Status of firm – PVT. LTD/LLP/RP/OPC	
F	Regi	stration number and date	
F	irm r	registration (as applicable)	
а		PAN	
b		TAN	
С		Service Tax	
d		Has the Company filed all annual IT returns till date (Yes/No)	
e		Does the company have an SSI registration	

• Pa	aid up Capital						
• SI	hare Holding Struc	ture					
ľ	Name of Shareholder a numbers	nd DIN	No. of shares	% tage Holding	Founder (Yes / No)	Designation / Role in Company	Full Time (FT time (F
						es), the same MUST be a	
• N	lame of each partr	ner					
	the annual turn	over of you	r company s	ince incorporati	lon (as per	IT Returns filed)?
hat is 1		Year 1	Ye	ar 2 Y	ear 3	Year 4	Year
hat is t	Year						
	Year urnover in INR lakh						

• If you are still in idea/prototype development stage, please explain how you anticipate generating revenues?

			_		
Detai	ils of ALL Founders				
a.	Name				
b.	Educational Qualifications (Std. passed / Degree, Year, University)	ity)			
c.	Work Experience (Company, No. of Years, Functional	Area)			
d.	Permanent Address				
e.	Contact: Phone, Mobile, Email]			
f.	PAN Card]			
g.	AADHAR Card No.]			
	e any of the Founders of the Company ? (YES/NO)	ne company			
	If Yes, please furnish the detail	's such as tenure in the	company, designation	and reason for leaving	g
Bene	efits prescribed under Sta	artup India Actio	on Plan are avai	lable only to sta	art ups working towards
a.	Who is/are the END CUSTOME	RS ?			
b.	What "problems" of Society/En	d Customers/Workflo	ow are bring solved th	hrough the core offe	ring by the startup (provide a list)
C.	Technology behind the core of	fering by the Startup	(tick applicable):		
	TO BE DEVELOPED	SELF DEVELOPED	ACQUIRED	LICENSED	OFF THE SHELF

Note: In case of claims that there are "NO COMPETITORS" – should be adequately justified (in not more than 100 words). • Value proposition (s) to the customer segment i) Indicate measurable outcomes – comparisons with existing scenario ii) Comments on intangible benefits (not more than 50 words)	/ countries where applicable / if r					
If Off the Shelf – comments on the 'innovation' from the startup						
Explain the innovative/ novelty features of your core offering ": • What are the New Features / Significant Improvements that your core offering brings forth (provide a list) • Who are your competitors and what is your competitive advantage? (Comparison with Existing Products / Companies) Features of Product YOUR STARTUP Existing prod. / Existing prod. / Company 2 Existing prod. / Company 2 Company Note: In case of claims that there are "NO COMPETITORS" – should be adequately justified (in not more than 100 words). • Value proposition (s) to the customer segment i) Indicate measurable outcomes – comparisons with existing scenario ii) Comments on intangible benefits (not more than 50 words)	• If Acquired / Licensed – from w	hom & terms – condition	ons			
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ii) Comments on intangible benefits (not more than 50 words)						company 3
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	Value proposition (s) to the cus i) Indicate measure	rable outcomes – con	nparisons with existing the more than 50 wor	equately justif		company 3

• What is the estimate of the addressable market size. Describe how you arrived at this and indicate assumptions used.
• List your "Go To Market Strategies"
• Do you have paying Customers ? If yes then how many are repeat customers (indicate %) and what is the current Order Book Size
List your major customers / first adopters (if any)