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| --- | --- |
|  | **STARTUPSVALLEY TBI**  **AMAL JYOTHI COLLEGE OF ENGINEERING**  **Kanjirappally, Kottayam- 686518.**  (Funded & supported by Department of Science and Technology, Govt. of India) |

**Application for incubation services at STARTUPS VALLEY TBI**

**For Office Use Only**

Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference #\_\_\_\_\_\_\_\_\_\_\_

**1. Name of Business :**

# 2. Lead Entrepreneur (A separate resume may also be attached)

Full Name :

Age :

Phone: Res :

Mobile :

Email :

Postal address :

City :

State :

Postal code :

Country :

**3. Educational Qualification :**

Area of Specialization :

Name of Institute/University :

**4. Type of Business**

Services :

Manufacturing Technology :

Others :

**5. Briefly description of business** (Attach separate sheet, if required):

**6. Present status of the business?**

Conceptual Stage :

Existing :

If yes, No. of years :

**7. Legal entity (proposed)**

Proprietorship :

Partnership :

Limited Liability Partnership :

Pvt Ltd. :

**8. Why you want to become an entrepreneur? :** (Add separate sheets, if required):

**9. Details of your team & number of employees you will be employing:**

**10. Briefly describe the company and product/Service offered:**

**11. Novelty of your product/Service?**

**12. Who are your competitors and what your competitive advantage?**

**13. What is the potential market size for your product?**

**14. Please explain your revenue model:**

**15. Do you need any machinery or capital item for starting of your venture? If yes, please   
 specify the same with the purpose:**

**16. Have you done market survey on the demand for your product? If yes, Give details.**

**17. Have done any research or survey to validate your assumption on this? Give details.**

**18. Estimated Project cost?** (In detail)

**Give the detailed break-up, as below.**

Pre-operative expenses Rs.

Prototype Development Rs.

Test & Marketing Rs.

Equipment Rs

Working Capital Rs.

Other Requirements Rs.

Total Rs.

**18. List of services Expected from STARTUPS VALLEY TBI – AJCE**

Laboratory access (Yes/No) :

Library access :

Technical Consulting service :

O Market assessment/feasibility

O Techno-economic study

O Process/product development

o Product evaluation & bench marking

o Any other (please specify)

IPR related assistance

Advisory services

Branding and marketing

Infrastructure requirement for space

If other facility needed, please specify:

**19. References:**

1. Name :

Organization/ Designation :

Address :

Phone :

Email :

2. Name :

Organization/ Designation :

Address :

Phone :

Email :

**20. 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.

Date: Signature of Applicant(s)

Place:

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:**

* Email to: sherinsamjose@amaljyothi.ac.in
* Hard copy may be sent by courier or post to: The Manager (TBI), STARTUPSVALLEY, AMAL JYOTHI COLLEGE OF ENGINEERING, Kanjirappally, Kottayam- 686518.