

Office of Career Advancement for Students The Maharaja Sayajirao University of Baroda

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Prof. P. K. Jha Deputy Director Ms. Sheetal Shinkhede Deputy Director

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Incubation Centre Assistant Director

Dr J. D. Rathod

Career Counselling and Training & Placement Cell Assistant Director Dr. Sumana Chatterjee

Internship, Mentorship and Apprenticeship Cell Assistant Director Mr Prafulla N. Gohel

CIRCULAR

NO.: OCAfS/MSU/SSIP/08

Date: 08/01/2019

To, Principal, Polytechnic
All The Deans/Principals/Directors of the Faculty/College/Institute

The Maharaja Sayajirao University of Baroda

Subject: Inviting proposals for PoC/Prototyping support from students.

Reference: Earlier circular No. R/MSU/327 dated 23rd August, 2018.

Proposals based on innovative ideas and concepts for developing PoC(Proof of Concept)/Prototyping are invited from bonafide students in the first cycle of evaluation and scrutiny for support by the Center for Startup and Innovation, Office of Career Advancement for students under the SSIP Grant of Government of Gujarat. The format for submitting proposals, bonafide certificate and undertaking to be submitted with the proposal are enclosed.

The Deans/Principals/Directors of Faculty/College/Institute are requested to give wide publicity to this circular and encourage participation. It is also requested that the names of Faculty/College SSIP coordinators be informed to this office at the earliest. The signature of the Faculty/College SSIP coordinator is mandatory for submission of the proposals. Please also refer the circular mentioned in reference.

Duly signed proposals prepared strictly as per the attached format along with bonafide certificate and relevant undertaking should reach the office address listed below on or before 28th January, 2019.

Partially filled or incomplete proposals shall not be considered for further processing. The mobile number and email of the team leader should be listed carefully and accurately. The communication regarding scrutiny, screening and further processing of proposals will be communicated through email/phone/sms only. In case of any queries, contact Dr. Akash B. Pandey, Assistant Director, CFSI, OCAfS on 9426500485 or a.b.pandeymed@msubaroda.ac.in.

Akash Pandey

Assistant Director

Center for Startup and Innovation Office for Career Advancement for Students,

Prof. Ranjan Atyer

Director

nt for Students The Maharaja Sayajirao University of Baroda

POLITECHNIC M. S. UNIVERSITY. BAROD

Center for Startup and Innovation. Office for Career Advancement of Students

Ground Floor, Union Pavillion, Pratapganj, Vadodara-390002 The Maharaja Sayajirao University of Baroda

Cirlial June

Copy To:

PS to Vice Chancellor/Registrar(I/c)

UNDERTAKING

This is to state that the PoC/Prototyping funding support proposal entitled "____" submitted for PoC/Prototyping support to Center for Startup and Innovation, Office of Career Advancement for Students, The Maharaja Sayajirao University of Baroda is conceived and developed by us and we (the undersigned only) are solely responsible for any copyright/patent/trademark or any IPR infringement issues arising later.

We have neither applied for PoC/Prototyping funding support to any government, private or any other funding agency for this proposal in part or whole nor previously received any funding support from any government, private or any other funding agency as PoC/Prototyping support for this proposal in part or whole.

Name and Sig	gnatui	re of T	eam l	_eade	er
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Name and Signature of Team Member/s

Institute/University Letter Head

Certificate

Team Leader's Name:	Enrollment No:	Aadhar No:	
Team Member-1 Name:	Enrollment No:	Aadhar No:	
Team Member-2 Name:	Enrollment No:	Aadhar No:	
Team Member-3 Name:	Enrollment No:	Aadhar No:	
Team Member-4 Name:(Add/Remove Member details as per	Enrollment No.	Aadhar No:	
This is to certify that, above mention	Students are honofide students o	f this institute/university	
They are applying for PoC/Prototype/	/IPR with title:	tims institute/university.	
under SSIP grant.			
Name of Team Mentor:	Si	gn of Team Mentor:	
Name of HoD:	Si	gn of HoD:	
Name of SSIP Coordinator:	Si	gn of SSIP Coordinator:	
Name of Principal/Dean/Director:	Sign of D	Dean/Principal/Director:	
		Faculty/College/Institute Stamp/Seal	

Institute/University Round Seal.

Institute/University Letter head Footer part

Primary Information
Year
AISHE Code of University
Name of University
AiSHE Code of Institute/Faculty
Name of Institute
Type of Institute
University in which you are applying
Type of Proposal (PoC/Prototyping)
Title of Proposal
Total Team Size
Team Leader's Email ID
Aadhar No.
First Name
Middle Name
Last Name
Mobile No.
Date of Birth
Gender
Category
Address
Discipline
Enrollment No

Team Member Information Team Member's Email ID Aadhar No. **First Name** Middle Name **Last Name** Mobile No. Date of Birth Gender Category **Address Team Member's Email ID** Aadhar No. First Name Middle Name **Last Name** Mobile No. Date of Birth Gender Category **Address Team Member's Email ID** Aadhar No. **First Name** Middle Name **Last Name** Mobile No. Date of Birth

Gender

Category Address

Concept Details	
What Problem Does the Idea/Concept Solve?	
What is the solution/concept?	
What is unique/innovative about the Idea/Concept?	
triat is anique, innovative about the luea/ concept:	
What is the target market or who do you think will benefit from the solution?	
Detailed Description of the Idea/Concept	
How will you develop and execute the solution?	
Will your idea/solution impact the population and economy?	
What is the associated business model (if perceived) and feasibility?	

Fund Requirement Details

Breakup of Financial Support Requested:

Total Amount of Financial Support Requested:

Required Documents:

- Bonafide Certificate (in prescribed format)
- Undertaking (in prescribed format)
- Photograph of team