



GOVERNMENT OF TAMIL NADU  
**ENTREPRENEURSHIP DEVELOPMENT AND  
INNOVATION INSTITUTE**  
(An autonomous society of the Government of Tamil Nadu)  
Parthasarathy Koil Street, SIDCO Industrial Estate,  
Ekkaduthangal, Guindy, Chennai 600032, Tamil Nadu  
Tel : +91-44-2225-2081/82/83/84 , Fax : +91-44-2225-2085  
Web : [www.editn.in](http://www.editn.in).



# INNOVATION VOUCHER PROGRAMME

## Application – Voucher A

In filling application forms please read the instructions carefully, ensure your MSME/Start-up meets the eligibility criteria funding requirements and project completions within time.

Applicant details	Company	Research Provider
Enterprise / Company		
Micro /Small /Medium/Startup		
Company Address		
Owner Address		
Contact Person		
Position		
Telephone / Mobile No.		
Email ID		
Website		

### Attachments :

- SME/Startup Registration Certificate ☐
- Annual Financial Statements (Last 2 years) ☐
- Income Tax Statement ☐
- Company Profile / Brochure ☐

1. Applicant Details		
Name of company		
Date of Registration (Please attach a copy of the UAM/ startup registration )		
Nature of company (manufacturing / Service)		
Type of Business (Specific)		
Classification as <input type="checkbox"/> Micro Enterprise <input type="checkbox"/> Small Enterprise <input type="checkbox"/> Medium Enterprise <input type="checkbox"/> Start up		
Investment ceiling for plant, machinery or equipment (INR)		
Number of employees:		
Annual turn-over (INR):		
Profit / Loss in the past 2 years (INR):		
Beneficiary under Govt. program (eg. NEEDS, UYEGP, PMEGP, any grants etc)	Yes/No	
What is the CIBIL score ? if applicable	Yes/No	
Any past or pending bankruptcy procedure or dispute with financial institutions or tax authorities		
Any other affiliated enterprise. If yes please list them with investment ceiling and no. of employees 1. 2. 3.		
	Yes	No
Has your company previously engaged the service of the above Research Provider		
Has the company previously engaged the services of any other Research Provider?		
Did you already apply for innovation voucher the program? If yes, please specify:		
Did you already participate in any other university / college / GoI support programs for innovation If yes, please specify:		

## 2. Project Information

Provide a description of the planned innovation project under the following headings.

<b>2.1 Project Title</b> (short & meaningful title)
<b>2.2 Project Description</b> (200 words)
<b>2.3 Objectives</b> What should be developed / amended through the project (such as increased employment, new capability etc) (200 words)
<b>2.4 Activities and Deliverables</b> (What is the scope of this project, what activities will be undertaken and what will be delivered to the business? (2000 words)
<b>2.4.1. Specify project's new / innovative / advantages:</b> (500 words)
<b>2.4.2. Who are the experts associated with the potential R&amp;D institutes / to be engaged for the realization of the project?</b> (Address, contact person, phone number)

**2.4.3. What are the precise duties and responsibilities of R&D partners? Consent to be attached.**

**2.4.4. What is the estimated cost (manpower, travel, contingency , etc required ) of the innovation project?**

**2.4.5. Envisaged time line with projected milestones: *(the maximum timeline permitted in one year)***

**2.5. Commercial Profitability**

How will the product, service or system differ from those currently available?

Provide a broad estimate of the potential profitability of the project and explain how this was calculated.

\* If an independent commercial assessment of this project has been undertaken, attach the results. **(500 words)**

### **3. Innovation Voucher Value**

Based upon the responses provided to company turnover in Section 2, specify the Innovation Voucher amount sought:

Proposed state Govt. voucher Contribution	Rs
Proposed Company Voucher Contribution*	Rs
Total Proposed Project Value	Rs

Please attach evidence of company's contribution

#### 4. Project Budget

Provide a list of activities for this project including a cost estimate and expected timeframe. The total cost estimate should equal the Total Proposed Project Value from Section 3.

Project Schedule and Activities	Cost estimate, applicant contribution (in Rs.)	Cost estimate, IVP funding(in Rs.)	Time frame (Maximum 52 weeks)

#### DECLARATION/CERTIFICATION

It is certified that

- a) The research work proposed in the scheme does not in any way duplicate the work already done or being carried out elsewhere on the subject.
- b) It is agreed that any research outcome or intellectual property right(s) on the invention(s) will be joint property of the company, knowledge partner and EDII.
- c) We agree to accept the terms and conditions. The same is signed and enclosed.
- d) The institute/university agrees that the equipment, other basic facilities and such other administrative facilities as per terms and conditions of the grant will be extended to investigator(s) throughout the duration of the project.
- e) The Institute assumes to undertake the financial and other management responsibilities of the project.

Signature of applicant

Signature of Executive Authority  
of Knowledge partner with seal

Date:

Date:

Signature of co-applicant (knowledge partner):

Date:

Herewith I/We Declare that

- ☐ I / we have read and understood all terms and conditions of IVP (<http://www.ivptn.in/>)
- ☐ I/we am/are willing to invest minimum of 20% of the project expense as specified by the Govt. of TN
- ☐ I /we am/are fully aware that TN Govt. is giving this funding as grant. The role of GoTN is of supportive and advisory nature only. The Government reserves the right to scrutinize at any point of time and is open to audit.
- ☐ I /we am/are fully committed to develop the prototype and to complete the R&D activities within one year.
- ☐ I/we am/are will be accountable and responsible for all activities both commercial and financial within the scope of the project.

Place

Date

Signature

	<p style="text-align: center;"><b>GOVERNMENT OF TAMIL NADU</b></p> <p style="text-align: center;"><b>ENTREPRENEURSHIP DEVELOPMENT</b></p> <p style="text-align: center;"><b>INNOVATION INSTITUTE</b></p> <p style="text-align: center;"><i>(An autonomous society of the Government of Tamil Nadu)</i></p> <p>Parthasarathy Koil Street, SIDCO Industrial Estate, Ekkaduthangal, Guindy, Chennai 600032, Tamil Nadu Tel : +91-44-2225-2081/82/83/84 , Fax : +91-44-2225-2085 Web : <a href="http://www.editn.in">www.editn.in</a>,</p>	 <p style="text-align: center;"><b>EDII-TN</b></p> <p style="text-align: center;"><b>Entrepreneurship</b></p> <p style="text-align: center;"><small>DEVELOPMENT AND INNOVATION INSTITUTE GOVERNMENT OF TAMIL NADU</small></p>
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# INNOVATION VOUCHER PROGRAMME

## Application – Voucher B

In filling application forms please read the instructions carefully, ensure your MSME/Start-up meets the eligibility criteria funding requirements and project completions within time.

Applicant details	Company	Research Provider
Enterprise / Company		
Micro / Small / Medium /Startup		
Company Address		
Owner Address		
Contact Person		
Position		
Telephone / Mobile No.		
Email ID		
Website		

### Attachments :

- SME/Startup Registration Certificate ☐
- Annual Financial Statements (Last 2 years) ☐
- Income Tax Statement ☐
- Company Profile / Brochure ☐

1. Applicant Details		
Name of company		
Date of Registration (Please attach a copy of the UAM/ startup registration )		
Nature of company (manufacturing / Service)		
Type of Business (Specific)		
Classification as <input type="checkbox"/> Micro Enterprise <input type="checkbox"/> Small Enterprise <input type="checkbox"/> Medium Enterprise <input type="checkbox"/> Start up		
Investment ceiling for plant, machinery or equipment (INR)		
Number of employees:		
Annual turn-over (INR):		
Profit / Loss in the past 2 years (INR):		
Beneficiary under Govt. program (eg. NEEDS, UYEGP, PMEGP, any grants etc)	Yes/No	
What is the CIBIL score ? if applicable	Yes/No	
Any past or pending bankruptcy procedure or dispute with financial institutions or tax authorities		
Any other affiliated enterprise. If yes please list them with investment ceiling and no. of employees 1 2 3.		
	Yes	No
Has your company previously engaged the service of the above Research Provider		
Has the company previously engaged the services of any other Research Provider?		
Did you already apply for innovation voucher the program? If yes, please specify:		
Did you already participate in any other university / college / GoI support programs for innovation If yes, please specify:		



## 2. Project Information

Provide a description of the planned innovation project under the following headings.

<b>2.2 Project Title</b> (short & meaningful title)
<b>2.2 Project Description</b> (200 words)
<b>2.3 Objectives</b> What should be developed / amended through the project (such as increased employment, new capability etc) (200 words)
<b>2.5 Activities and Deliverables</b> (What is the scope of this project, what activities will be undertaken and what will be delivered to the business? (2000 words)
<b>2.5.1. Specify project's new / innovative / advantages:</b> (500 words)
<b>2.5.2. Who are the experts associated with the potential R&amp;D institutes / to be engaged for the realization of the project?</b> (Address, contact person, phone number)

**2.5.3. What are the precise duties and responsibilities of R&D partners? Consent to be attached.**

**2.5.4. What is the estimated cost (manpower, travel, contingency , etc required ) of the innovation project?**

**2.5.5. Envisaged time line with projected milestones: *(the maximum timeline permitted in one year)***

**2.6. Commercial Profitability**

How will the product, service or system differ from those currently available?

Provide a broad estimate of the potential profitability of the project and explain how this was calculated.

\* If an independent commercial assessment of this project has been undertaken, attach the results. **(500 words)**

### **3. Innovation Voucher Value**

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#### DECLARATION/CERTIFICATION

It is certified that

- a) The research work proposed in the scheme does not in any way duplicate the work already done or being carried out elsewhere on the subject.
- b) It is agreed that any research outcome or intellectual property right(s) on the invention(s) will be joint property of the company, knowledge partner and EDII.
- c) We agree to accept the terms and conditions. The same is signed and enclosed.
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- e) The Institute assumes to undertake the financial and other management responsibilities of the project.

Signature of applicant

Signature of Executive Authority  
of Knowledge partner with seal

Date:

Date:

Signature of co-applicant (knowledge partner):

Date:

Herewith I/We Declare that

- ☐ I / we have read and understood all terms and conditions of IVP (<http://www.ivptn.in/>)
- ☐ I/we am/are willing to invest minimum of 50% of the project expense as specified by the Govt. of TN
- ☐ I /we am/are fully aware that TN Govt. is giving this funding as grant. The role of GoTN is of supportive and advisory nature only. The Government reserves the right to scrutinize at any point of time and is open to audit.
- ☐ I /we am/are fully committed to develop the prototype and to complete the R&D activities within one year.
- ☐ I/we am/are will be accountable and responsible for all activities both commercial and financial within the scope of the project.

Place  
Date

Signature

## TERMS OF REFERENCE

***The Applicant should be registered and operating from Tamil Nadu to be eligible for grant support under the scheme.***

### ***Voucher A- Entry into research***

Voucher A – shall be used for innovation potential analysis prior to development of a new product or production process, which includes, but not limited to:

- Technology roadmap and market research
- Feasibility studies, financing plan, technology audit
- Material studies
- Design studies
- Tailored training on innovation management
- R&D for new product, process or service

### ***Voucher B- entry into Market***

Voucher B- to be used to promote existing or an early stage company in quickly accessing potential markets by developing an innovative commercial product including activities leading to and not limited to:

- Service engineering
- Prototyping
- Design services
- Technology transfer and IP procurement
- Product testing, quality assurance, validation, certification
- Project management

### ***Submission Guidelines***

Hard copy of the completed proposals (two copies) should be submitted to Director, **ENTREPRENEURSHIP DEVELOPMENT AND INNOVATION INSTITUTE** (*An autonomous society of the Government of Tamil Nadu*), Parthasarathy Koil Street, SIDCO Industrial Estate, Ekkaduthangal, Guindy, Chennai 600032

Mail ID- [ivp@editn.in](mailto:ivp@editn.in)