



**CAUVERY COLLEGE FOR WOMEN (AUTONOMOUS)**

**SHINE BUSINESS INCUBATION CENTRE**

**APPLICATION FORM – EXTERNAL INCUBATEE**

Application No:

Date:

**I GENERAL INFORMATION**

1. Name of the Applicant:
2. Gender : Male  Female
3. Date of Birth
4. Age : Below 20  21-30  31-40  Above 40
5. Designation : Student  Professional  , Specify.....
6. Phone Number :
7. Mail ID :
8. Postal Address :
9. Website (if any) :
10. Name of the Institution studying/studied:
11. Current professional /employment status:

Attested Photo

**II Affiliation with Cauvery College for Women (IF ANY): Alumni / Student**

**Educational Qualification**

**Post Graduate:**

Degree/Year:

Area of Specialization:

University/Institution:

**Under Graduate:**

Degree/Year:

Area of Specialization:

University/Institution:

### **III About Your business Idea**

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**Product:**

**Service:**

**Technology Used:**

**Stage of Your Business Idea:**

1.Idea                    2. Pilot Stage            3.Seed Funding        4. Pre-Revenue        5. Growth Stage

**Service expected from SIC (Tick)**

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- a) Building prototype
- b) Market Consultancy
- c) Business Consultancy
- d) Idea validation
- e) Commercialization of designed product
- f) Training
- g) Internship
- h) Administrative Advisory services (CA/Legal)

### **IV About your Team (Also include CV of Each promoter)**

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**Details of Your 2<sup>nd</sup> Co-Founder**

Full Name:

Date of Birth:

Mobile/ E-Mail:

Expertise:

Years of Experience:

**V COMPANY INFORMATION, if any.....[Annexure]**

- a) Have you registered your company, if so give details?
- b) Name of Applicant Company /firm.
- c) Location from which company is operating.
- d) Relationship with the Business Incubator/ Host Institute.
- e) Company sector. Manufacturing /Services
- f) Investment in plant and machinery (Rs. \_\_\_\_\_ lakhs) (For manufacturing sector)/Investment in equipment (For service sector)
- g) Company type:

**VI PROJECT INFORMATION [Annexure]**

**1. Details of Proposed Idea/ Innovation**

- a) Name of the technology /innovation
- b) Category of technology / innovation (specify process/ product/ new application/other)
- c) Are you interested to apply for patent: Yes / No
- d) Specify the potential areas of application in industry / market:
- e) Uniqueness of the innovation:
- f) Market potential for your innovation/technology/product: High / Moderate  
Low / Unknown

**2. Current Development Status of Innovation/product/technology:**

- a) Current development status of the innovation / product:  Ideation stage  
 ready to launch
- b) Required time for the completion of the project :
- c) Financial Requirements with budget estimation [also specify the expected RoI, prototype development/working capital/equipment/market survey]
- d) Do you have a business plan a taking innovation to commercial market. Yes / No  
(Attach business plan in your own format)
- e) Funding support required: Yes / No , if Yes, Specify the approx. amount.....

**VI OTHER RELATED INFORMATION**

- i) Information on Patents filed/ granted (if any)
- j) Any awards or recognition received towards innovation:
- k) Please include any additional information that you wish to communicate to us to help us in screening your application

**Note: Kindly submit a hard copy of filled application with required documents**

**DECLARATION**

I, \_\_\_\_\_, hereby certify that the information furnished in the application form is true, complete and to the best of my knowledge.

**Date and Place:**

**Signature of the Applicant**

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**RECOMMENDATIONS OF THE FORWARDING ORGANIZATION**

The application been screened and evaluated by Student Incubation Centre Committee members.

**Date and Place:**

**SIC Coordinator**

**Signature of Head of Institution with seal**