

GUJARAT MATIKAM KALAKARI AND RURAL TECHNOLOGY INSTITUTE

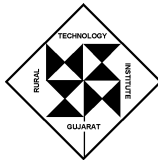
COMMISSIONER OF COTTAGE AND RURAL INDUSTRIES, GUJARAT STATE

Application form for approval of Nodal Institute

Sr. No.	Details	Applicant Details
1	2	3
1.0	Name of Nodal Institute	
1.1	Address of Nodal Institute with Phone number and Email-ID	
1.2	Constitution of Institute	
1.3	Field of activity of Nodal Institute	
1.4	Promoter's Name: Contact No: Email-ID:	
	Bio-Data of the Promoters/ Directors / Co-Working Partners *	
1.5	Name of contact person who is going to handle incubation activity/Centre Contact No Email-ID	
2.0	Is the Nodal Institute CSIR approved Lab? If so, please give approval No. & Date	
3.0	Detailed Profile of Nodal Institution	
4.0	Details of Startup/Innovative Projects carried out during last three years	
5.0	Describe briefly about facilities currently available in the Institute	
	(a) Separate seating arrangement for 20 persons	
	(b) Area of 2500 Square feet	
	(c) Incubation centre available 16 hours per day including post office-hours	
	(d) Meeting room, Seminar/AV Conference hall, Computers, Internet Network	
	(e) Concerned Subject experts	
	(f) two full time managers for Incubation Centre	

* Resumes of all Promoters/ Directors / Co-Working Partners are compulsory to attach with the application.

* Only Non-Profit Organization will be eligible as a Nodal Institute under this scheme.



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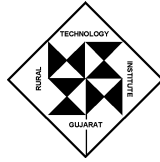
COMMISSIONER OF COTTAGE AND RURAL INDUSTRIES, GUJARAT STATE

Application Form for Innovators' to availing Assistance under Nodal Institutions for the Start Ups/ Innovation scheme

Sr. no	Details	Applicants Details
1	2	3
For Innovators:		
1.0	Innovator (Applicant's) Name:	1. 2. 3.
1.0(I)	Date of Birth:	
1.0(II)	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
1.0(III)	Profession:	Student <input type="checkbox"/> Business Person <input type="checkbox"/> Professional <input type="checkbox"/> Salaried <input type="checkbox"/> Homemaker <input type="checkbox"/>
1.1(I)	Innovator Company Name (If already Formed)	
1.1(II)	Nodal Agency's Name (under which Innovator is working/plan to work)	
1.2	Project Formation:	Individual <input type="checkbox"/> Group <input type="checkbox"/>
1.3	Address of Main Person: (If incase of Group)	
1.4	Contact No:	1. 2. 3.
1.5	Email ID:	1. 2. 3.
1.6	If the Innovation Project is of: Product: Process: Servicing:	
1.7	Field/Sector of the innovation project:	
1.8	Give Brief Details/Description of Start Ups/Innovation Project/State key innovative features:	

1.9	<p>Has the project been started or yet to start? If started, mention innovation Project Started Date & Expected Duration:</p>	<p>1. Project yet to start <input type="checkbox"/></p> <p>2. Project started on & Expected duration <input type="checkbox"/></p> <p>(Dates: _____)</p>
1.10	Projected Cost for Start Up/Innovation Project:	
1.11	Amount Incurred in the Project till date:	
1.12	<p>Expenditure required to be incurred:</p> <p>(I) For product realization</p> <p>(II) Marketing/Sales</p>	
1.13	What kind of facilities do you need/expects from the Nodal Institute?	<p>1. Library</p> <p>2. Mentoring Services</p> <p>3. Prototype Development</p> <p>4. Facilities; Space, Internet, Laboratory etc.</p> <p>5. Any Other Services required (Specify):</p>
1.14	What was the inspiration behind this idea?	
1.15	Why do you think that your idea/project/technology is innovative? Uniqueness about your idea.	

Remark: If Innovators have any PROTOTYPE/BUSINESS MODEL of the Unit/Product/Sample of their Innovative Idea they may present it in front of the Screening Committee of the Nodal Institute.



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Recommendations of Screening Committee for Innovators' to availing Assistance under Nodal Institutions for the Start Ups/ Innovation scheme

(Purpose of using this form is restricted only to the Members of the Screening Committee)

Recommendations of Screening Committee:				
1.0	Student Background:			
1.0(I)	Qualification of the Candidate:			
1.0(II)	Experience:			
1.0(III)	Capability to fulfill the project:			
1.0(IV)	Any other background:			
1.1	Viability of the Project:	Technical Viability:	Economical Viability:	
1.2	Estimated Duration of the Project phase of the venture:			
1.3	Market Potential			
1.4	Assistance to be provided: (like mentoring service, prototype development, raw material, other equipments usage, etc)	1. 2. 3. 4. 5.		
1.5	Names of the members of Screening Committee:	Names	Field	Sign
		1.		
		2.		
		3.		
		4.		
		5.		
		6.		

1.6	Recommendations of Screening Committee: (I) Product/Service usefulness (II) Uniqueness (III) Technology innovation (IV) Job-creation potential (V) Market potential/Scalability of the project (VI) Impact on society/customer (VII) Current project status (VIII) Any Other Specify:		
1.7	Assistance Required on the basis of the recommendations of the committee:	Sustenance Allowance:	
		Mentoring Services:	
		Prototype development, raw material, etc:	
		Total of assistance Required	

Remark: If Innovators have any PROTOTYPE/BUSINESS MODEL of the Unit/Product/Sample of their Innovative Idea they may present it in front of the Screening Committee of the Nodal Institute.