



For Office Use only

Date of Receipt:

Reference No.:

KIIT - Technology Business Incubator

Application Form

1. Applicant's Name:

2. Company Name/Proposed Company Name:

3. Personal Address:

4. Business Address:

Phone no: Fax:

Email: Website:

5. Type of Business:

Services Product Technology

6. Area of Business, specify.....

7. How long have you been in business?

Conceptual Stage Less than a year Less than 2 years More than 2 years

8. Legal entity (proposed):

Proprietorship Partnership Other, (specify)

9. Service expected from KIIT-TBI (Please Specify)

9.1. Minimum services expected from KIIT-TBI

- | | | |
|--|--|---|
| <input type="checkbox"/> Telephone/Fax | <input type="checkbox"/> Business Consulting Service | <input type="checkbox"/> Shared Laboratories Access |
| <input type="checkbox"/> Conference/Seminar Room | <input type="checkbox"/> Web Access | <input type="checkbox"/> Secretarial Services |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Creating Linkage | <input type="checkbox"/> Branding and Marketing |
| <input type="checkbox"/> Advisory Services | <input type="checkbox"/> Accountancy Services | |

10. Details of your Team:

Number of employees that will be resident (if applicable):

Full-time

Part-time

Consultants

9.1. More on Promoter / Team Details:

9.2. List the name(s) of the principal(s)/ co promoters/ employees (Individual resumes of each member may also be attached.)

9.2.1. Name & Title:

Educational Qualification:

No of years of experience:

Address:

Phone:

9.2.2. Name & Title:

Educational Qualification:

No of years of experience:

Address:

Phone:

10. Do you/your team members have any previous business experience?

Yes/No

10.1 If yes, how many years?

10.1.2 How do you think your past experience is going to help you in this new venture?

11. Write a brief note about your product or service:

12. Do you currently have the following? (Tick all that apply):

Business plan

Business plan outline

Market feasibility study

Intellectual Property Strategy

13. Have you estimated and identified your seed funding needs/ source?

14. Do you need any machinery or capital item for starting of your venture?

Yes/No

14.1 *If yes, please specify the same with the purpose.*

15. Have you estimated your Project cost?

Yes/No

15.1 *If yes, please give the break-up, as below.*

Pre-operative expenses:	Rs.
Prototype Development:	Rs.
Test marketing:	Rs.
Equipment:	Rs.
Working Capital:	Rs.
Other Requirements:	Rs.
Total:	Rs.

16. Have you done any market survey?

Yes/No

16.1 *If yes, briefly describe the method and results*

17. Describe your target market:

18. Is this technology your own? Or obtained from other sources?

18.1 **If your own, have you completed technology development? Or what stage you are in the development process? What is the estimated time for completion of the development of the technology?**

18.2 **Can your product or technology be patented, trademarked or protected from duplication (if applicable)? If not what other sustainable competitive advantage do you have?**

19. Your reason(s) for seeking space in the Incubator:

20. How much money has already been invested in the company and by whom?

21. How do you intend to finance the business for the next 2 years?

22. Does your business have special facility needs? If yes, specify

23. Do you expect to use any hazardous or toxic materials? If so, describe:

24. Do you need technology development and research assistance?

Tick areas of assistance requested from the Incubator (whichever apply):

- | | | | |
|--|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Strategy | <input type="checkbox"/> Management | <input type="checkbox"/> Marketing | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Commercialization | <input type="checkbox"/> Legal | <input type="checkbox"/> Accounting | |

Other (Please Specify):

25. The business will require the following space in the Incubator:

..... # sq ft office space. # sq ft laboratory space.

26. How did you learn about KIIT-TBI?

The information that I/we have provided is correct. I further declare that the information that I have provided here with 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.

Applicants Name:

Signature with date

(Please check whether all the details and relevant attachment/ information as described is provided)

Fully Filled in Application along with relevant documents may be sent to:

TBI Manager

KIIT-Technology Business Incubator,

KIIT University, Campus-11,

Patia, Bhubaneswar-751024.

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