

Centre for Innovation, Incubation & Legal Entrepreneurship (CIILE)
CNLU, Patna

INCUBATION APPLICATION FORM

(Kindly fill in whatever is applicable)

1. Details of the applicant

a	Full Name	
b	Phone Number	
c	E-mail	
d	Educational Qualification (Highest)	Degree: _____ Year: _____ School/College/University: _____
e	Age	
f	Work Experience	
g	Postal address / Residential Address	

2. Details about the startup

a	Name of the startup	
b	Category of Registration	Startup Registration No: MSME Registration No: Society (under The Societies Registration Act, 1860) Section 8 Company (under The Companies Act, 2013) Private Limited Company (under The Companies Act, 2013) Public Company (under The Companies Act, 2013) Limited Liability Partnership (under The Limited Liability Partnership Act, 2008)
d	No. employee	Existing: _____ Proposed: _____
f	Current Stage/Status of the Startup (Please tick)	(i) Ideation stage (ii) Prototyping (iii) MVP (iv) Scaling
g	Categories of idea and innovation	<ul style="list-style-type: none"> • Basic Science and Technology • Biotech, Pharma, and Health Science • Mechanics, Automobiles and Robotics • Creative writing and Artistry • Electronics and Communication • Computer Science, Information Technology, and Mass Communication • Farming and Agricultural technology • Energy and Environment • EdTech • Others
h	Technology used	

i	Status of patent	Applied / Registered If registered please share the details: -
J	Website URL	

3. Details about co-founders: (Also include a CV of each co-founder)

Name of co-founders	Qualification	Experience	Role

4. Brief Description of the Product/Services/Technology business you plan to incubate.

5. Describe your target market and its potential:

6. Project cost: Please give the break-up, as below. *(Please give proper justifications for each head)*

(a) Current investment:

Pre-Market Expenses	Rs.
Prototype Development Cost	Rs.
Marketing/Customer Survey	Rs.
Equipment	Rs.
Working Capital	Rs.
Others	Rs.
Total	Rs.

(b) future investment (in Rs):

7. Existing Funding status:

Name of the Scheme	Agency Name	Date & Year	Total Sanctioned amount

8. **An executive summary of a business plan:**

9. **Any research or survey conducted to validate the assumption (specify if any):**

10. **Write about the Unique Selling Proposition of your business:**

11. **Service expected from CIILE Incubation Center: Please specify requirements**

- Mentoring service
- Workspace
- Legal support/IPR
- Assistance in the development of product
- Access to market
- Access to investors
- Any other services

Declaration:

I hereby declare that I will follow the rules and regulations of the **Centre for Innovation, Incubation & Legal Entrepreneurship (CIILE) CNLU, Patna**. The declaration and facts in the application are true and best to our knowledge and no material has been concealed.

First Founder

Name:

Signature:

Second Founder

Name:

Signature: