

**INSTITUTION INNOVATION COUNCIL**

**START UP CELL**

**Application form for incubation of Startup in Incubation Center**

 Date:

|  |  |
| --- | --- |
| Name of Applicant/’s:. | 1.2.3.4.5. |
| Email Id |  |
| Contact Number of Owner/Applicant |  |
| Company/Startup Name |  |
| Company url, if any |  |
| If you have a demo, Mention URL (Demo can be anything that shows us how the product works. Usually that is a video or screen recording) |  |
| Please provide a link to the product, if relevant.[YouTube Link etc.] |  |
| Login credentials of the product, in case its a software based product. |  |
| Describe what your company does in 250 Words |  |
| Please describe your product and what it does or will do. |  |
| Who writes code, or does other technical work on your product? Was any of it done by a non-founder? Please explain. |  |
| How many founders are on the team |  |
| Are you looking for a cofounder? |  |
| Progress of your startup |  |
| How long have each of you been working on this? How much of that has been full-time? Please explain. |  |
| Are people using your product? |  |
| Do you have revenue? |  |
| Why did you pick this idea to work on? Do you have domain expertise in this area? How do you know people need what you are making? |  |

**Note: Kindly email your proposal to** **akshaydeshmukh@sbjit.edu.in**

**In case of any queries, kindly contact:**

Prof.Akshay Deshmukh

Co-ordinator, Startup Cell

S B Jain Institute of Technology, Management and Research, Nagpur

Contact:8830712868

 **Scanned/Digital Signature of Applicant/s**

*In case the proposal is accepted for incubation, you will be required to give the PowerPoint presentation on the proposal as per the date notified to you*

 **For office use only**

**Recommendations of Scrutiny committee:**

(Recommended/Not Recommended/Minor Revision/Major Revision)