

NATIONAL INSTITUTE OF TECHNOLOGY: TRICHY-15
CENTRE FOR ENTREPRENEURSHIP DEVELOPMENT AND INCUBATION
(CEDI)

PRE-ADMISSION RESPONSE SHEET FOR INCUBATION

1. Personal Information

Name of the Applicant:

Age & Date of Birth:

Nationality:

Contact Address:

Education:

Institution studied:

Telephone:

Mobile:

Fax:

E-mail:

Web-Site:

Work Experience

(In case of more than one applicant, please provide the above details for each applicant)

2. Please indicate your status:

You have a novel technological idea/ concept and hope to convert it in to a commercially viable product/ services through technological support/ R&D collaboration with NITT	Yes	No
You hope to become a new technology entrepreneur in a few years	Yes	No
You own/ represent a 1st Generation Start-up Company engaged in a technology business	Yes	No

3. Facilities Requirements:

1. Why do you want to locate in the CEDI?
2. Infrastructure requirement for space, workstations or PCs:
3. List any special requirements for usage of NITT laboratory facilities:
4. Specify requirement of Mentoring and other professional services/support:
5. Indicate how your business might benefit from access to NITT's human and physical resources.
6. If accepted as an Incubatee, when would you want to start occupancy in the Incubator?
7. How many total employees will be occupying space? (Give details year wise)
Full- Time _____
Part-Time _____
8. Are you currently occupying a facility (either in your home or at a commercial location)? If yes, what is your current occupied area in square ft.? What is your approximate monthly cost for this facility?
Rent: Rs. _____ Utilities: Rs. _____
9. Who will be leading the business at the CEDI cell? (Which partner will manage or be in-charge or accountable for the Incubation cell?)

4. Business/ Idea Details:

1. Title of your Business/Technology proposal for Incubation:
2. Brief Description of the Product/Services/Technology business you plan to incubate at CEDI.

3. Have you prepared a Business Plan? If yes, please submit a copy.
4. Please indicate your sources of funds:
5. Have you registered your company? How long will it take to register? (If registered submit copy of Registration Certificate)
6. State if IP (patent) rights are possible. If yes, give details of IP:
7. It is suggested that all projects involving IP will be funded with equity participation. Do you agree?
If Yes, provide the details of equity participation CEDI will get?
8. Do you have any other funding sources? If so provide more details.
9. Any other detail which would help in evaluating your proposal
10. List of References with email id / contact nos (minimum 3 References):

Applicant/First Promoter
Promoter

Applicant/Second

Signature

Signature

Name:

Name:

Note:

Every professional effort would be made by CEDI to treat and handle the information provided here as confidential. However, by signing and applying to CEDI for incubation assistance on this application form, you agree not to make any claim or demand compensation unconditionally in any form, at any point of time, now or any time in future, on the information /technology details provided by you here as trade secret or proprietary intellectual property. This information is required by CEDI to assess the candidature for the purpose of providing incubation services. Further CEDI does not guarantee acceptance of your proposal until and unless the selection process is over and CEDI has the right to reject any proposal without assigning any reason what so ever. CEDI will not pay any compensation in any form for any delay in communicating the decision or rejecting the proposal at its own discretion.

All the pages should be signed by all the partners. Scanned copies along with signatures of the partners can be sent to cedi@nitt.edu. The hard copies are to be sent by speed post.