

# University of Kashmir

CENTRE FOR INNOVATION INCUBATION AND ENTREPRENEURSHIP (CIIE)  
INSTITUTE OF TECHNOLOGY, ZAKURA CAMPUS, SRINAGAR



## MIC AICTE Bootcamp from 20-24 April 2026 Application Form

Selected Applicants shall have to give a Pitch on last date of the Bootcamp. A PPT has to be submitted by or before 23<sup>rd</sup> April 2026. The form be submitted online at email address: [bilalmalik@kashmiruniversity.ac.in](mailto:bilalmalik@kashmiruniversity.ac.in) or deposited at the office of CIIE, Block C, Zakura Campus.

| SECTION A: APPLICANT DETAILS       |  |                             |     |  |    |
|------------------------------------|--|-----------------------------|-----|--|----|
| Name of Applicant / Team Leader:   |  |                             |     |  |    |
| Startup/Project Name:              |  |                             |     |  |    |
| Qualifications & Expertise:        |  |                             |     |  |    |
| Date Since Working on the Project. |  | Is the Startup Registered?  | Yes |  | No |
| Contact No.:                       |  | Email ID:                   |     |  |    |
| Full Address:                      |  |                             |     |  |    |
| SECTION B: TEAM DETAILS            |  |                             |     |  |    |
| Number of Team Members:            |  | Willing to Expand the Team: | Yes |  | No |
| Name of Member 1:                  |  | Role:                       |     |  |    |
| Qualification:                     |  | Contact No.:                |     |  |    |
| Full Address:                      |  | Email ID:                   |     |  |    |
| Name of Member 2:                  |  | Role:                       |     |  |    |
| Qualification:                     |  | Contact No.:                |     |  |    |
| Full Address:                      |  | Email ID:                   |     |  |    |
| Name of Member 3:                  |  | Role:                       |     |  |    |
| Qualification:                     |  | Contact No.:                |     |  |    |
| Full Address:                      |  | Email ID:                   |     |  |    |
| Name of Member 4:                  |  | Role:                       |     |  |    |
| Qualification:                     |  | Contact No.:                |     |  |    |
| Full Address:                      |  | Email ID:                   |     |  |    |

## SECTION C: INNOVATION / STARTUP / IDEA DETAILS

|   |              |  |                   |  |               |  |                            |  |
|---|--------------|--|-------------------|--|---------------|--|----------------------------|--|
| <b>Title of the Idea / Project:</b>                                     |              |  |                   |  |               |  |                            |  |
| <b>Stage of Development:</b>  | <b>Idea:</b> |  | <b>Prototype:</b> |  | <b>Pilot:</b> |  | <b>Revenue Generating:</b> |  |
| <b>Brief Description of the Idea (max. 250 words):</b>                  |              |  |                   |  |               |  |                            |  |
| <b>Problem Statement Addressed (What issue does your idea solve?):</b>  |              |  |                   |  |               |  |                            |  |
| <b>Proposed Solution and Uniqueness (How is your idea innovative?):</b> |              |  |                   |  |               |  |                            |  |
| <b>Potential Impact (Who will benefit and how?):</b>                    |              |  |                   |  |               |  |                            |  |
| <b>Expected Outcome (Prototype/Model/ Concept Validation, etc.):</b>    |              |  |                   |  |               |  |                            |  |

**SECTION E: ADDITIONAL INFORMATION**

Have you filed or do you intend to file a patent for this idea?

Yes

No

If yes, provide details:

Do you foresee registering this innovation as a Startup?

Yes

No

**Declaration**

I/We hereby declare that the information provided in this application is true to the best of my/our knowledge. I/We understand that false information or misrepresentation may result in cancellation of my/our application. I/We shall submit pitch PPT within the due date and I understand that I shall not be awarded participation certificate, if I/We do not attend all session and deliver pitch presentation.

**Signature of Applicant / Team Leader**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Signatures of Team Members:**

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

4: \_\_\_\_\_ 4: \_\_\_\_\_ 5: \_\_\_\_\_

**For Office Use (CIIE / IoT, University of Kashmir only)****Application No:****Date of Receipt:****Completeness Check:****Shortlisted for Evaluation (Yes/No):****Recommendations:****Signatures of Committee Members:**

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

4: \_\_\_\_\_ 4: \_\_\_\_\_ 5: \_\_\_\_\_

**Signature of Chairman CIIE/Director Institute of Technology**

Name: \_\_\_\_\_

Date: \_\_\_\_\_