

# University of Kashmir

CENTRE FOR INNOVATION INCUBATION AND ENTREPRENEURSHIP (CIIE)

INSTITUTE OF TECHNOLOGY, ZAKURA CAMPUS, SRINAGAR



## Incubatee and Startup Support Application Form

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

Title of the Idea / Project:

Stage of Development:

Idea:

Prototype:

Pilot:

Revenue  
Generating:

Brief Description of the Idea  
(max. 250 words):

Problem Statement  
Addressed (What issue  
does your idea solve?):

Proposed Solution and  
Uniqueness (How is your  
idea innovative?):

Potential Impact (Who will  
benefit and how?):

Expected Outcome  
(Prototype/Model/  
Concept Validation, etc.):

## SECTION D: SUPPORT REQUIRED FROM CIIE/UNIVERSITY OF KASHMIR (PLEASE TICK)

**Resources / Facilities  
Required from CIIE:**

- |   |   |
|---|---|
| <input type="checkbox"/> Office Space / Workstation       | <input type="checkbox"/> Mentorship & Guidance    |
| <input type="checkbox"/> Laboratory Access                | <input type="checkbox"/> Technical Support        |
| <input type="checkbox"/> Funding / Investor Connect       | <input type="checkbox"/> Networking Opportunities |
| <input type="checkbox"/> Legal / IPR / Compliance Support |   |
| <input type="checkbox"/> Others (Please Specify): _____   |   |

**Duration of incubation Support required (in Months):**

**Have you previously applied for or received any Incubation Support for this idea?**

Yes

No

If yes, provide details:

**Mentorship / Domain  
Expertise Required:**

**Are you Seeking Financial Support from CIIE/University of Kashmir for the Proposal:**

Yes

No

**Details of the Financial  
Support Required**

The extent of financial support to be provided by the University shall depend upon the merit of the proposed project and the availability of financial resources. The University reserves the right to provide full or partial financial assistance, as deemed appropriate.

Based on its evaluation, the University may:

Approve the proposal for Incubation Support only, or  
Approve the proposal for both Incubation and Financial Support, or  
Facilitate the required infrastructure for the project, where feasible.

**Head**

**Estimated Cost**

**Justification**

Product Development /  
Fabrication

Essential Equipment /  
Consumables

Lab / Tool Usage  
Charges

Market Research /  
Surveys

Mentor Honorarium

Contingency

Others (if any)

**Total**

**SECTION E: ADDITIONAL INFORMATION****Have you previously applied for or received any grant for this idea?****Yes****No**

If yes, provide details:

**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 sign the CIIE/University Incubation Agreement, if the proposal is approved.

**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):****Remarks:****Signatures of Committee Members:**

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

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

**Signature of Chairman CIIE**

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

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