

University of Kashmir

CENTRE FOR INNOVATION INCUBATION AND ENTREPRENEURSHIP (CIIE)

INSTITUTE OF TECHNOLOGY, ZAKURA CAMPUS, SRINAGAR



IDEA GRANT SCHEME (Student Innovator) Application Form

SECTION A: APPLICANT DETAILS			
Name of Applicant / Team Leader:		Enrollment No. / Roll No.:	
(B. Tech / M. Tech):		Semester:	
Department:		Program Name:	
Contact No.:		Email ID:	
Address:			
SECTION B: TEAM DETAILS			
Number of Team Members:		Working Since:	
Name of Member 1:		Program:	
Department:		Semester:	
Contact No.:		Email ID:	
Name of Member 2:		Program:	
Department:		Semester:	
Contact No.:		Email ID:	
Name of Member 3:		Program:	
Department:		Semester:	
Contact No.:		Email ID:	
Name of Member 4:		Program:	
Department:		Semester:	
Contact No.:		Email ID:	
<i>Note: All team members must be Bonafide B. Tech./M. Tech. students of the Institute of Technology, University of Kashmir not necessarily enrolled in same Branch.</i>			

SECTION C: INNOVATION / IDEA DETAILS

Title of the Idea / Project:

Category:

Ideation:

Designing:

Proof of
Concept:

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: TECHNICAL AND FINANCIAL DETAILS**Resources / Facilities
Required from IoT / CIIE:****Mentorship / Domain
Expertise Required:****Proposed Fund Utilization
Plan (attach a separate
sheet if required):****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 have attached copies of **Aadhar Card/s, University of Kashmir Student ID Card/s, Recommendation Letter from respective Coordinator/Head of the Department.**

Signature of Applicant / Team Leader

Name: _____

Date: _____

Signatures of Team Members:

1: _____ 2: _____ 3: _____

4: _____ 4: _____ 5: _____

For Office Use (CIIE / IoT, UoK 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: _____