

# Foundation for Innovation and Technology Transfer

Indian Institute of Technology Delhi, Hauz Khas, New Delhi - 110016

## Preliminary Application Form for Residency of TBIU, IITD

*(Please elaborate with additional annexures wherever necessary, but be brief)*

1. Name(s) of the Applicant(s)

2. Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

3. Telephone No.										
Fax										
Email										
Website										
Address for Communication										

4. Please indicate your status:

i) You have a novel technological idea/concept and hope to convert it into a commercially viable product/services through technological support/R&D collaboration with IITD.

Yes [ ] No [ ]

ii) You hope to become a new technology entrepreneur in a few years.

Yes [ ] No [ ]

iii) You own/represent a First Generation Start-up Company engaged in a technology business in which expertise/research interest exists in IITD.

Yes [ ] No [ ]

5. Title of your Business/Technology proposal for Incubation

6. Brief description of the Product/Services/ technology business you plan to incubate in IIT Delhi

7. Brief description of the R&D efforts and other technological inputs you hope to resource from IITD.

i) Please indicate names of faculty member(s) along with Dept./Centre of the Institute

ii) Please indicate role of faculty member(s)

Founder / Equity Stake / Mentor: Yes / No

- % of shareholding in the start-up, if any: \_\_\_\_\_
- If Mentor / Advisor, frequency of involvement - Daily/Weekly/Fortnightly/Monthly/Quarterly
- Agreed Fee, if any, and terms thereof:

Faculty involved needs to give an Undertaking that the time committed for incubation shall be within 52 days as per Institute norms for consultancy except when he/she is on a long-term leave for incubation (Annexure-I)

iii) Equipment/ facilities at IIT Delhi proposed to be used Yes / No

If yes, please submit Annexure-II at the time of presentation of your incubation proposal.

8. Have you interacted with the concerned faculty and has the expressed consent of faculty obtained? If yes, please provide confirmation

9. Have you prepared a Business Plan (including a technology plan) for the next 3-5 years? If yes, please submit a copy.

*(The Business Plan should cover, interalia, Executive summary, team members, key focus areas, market information on customers, competitors and collaborators, financial parameters such as investment plans, cash flow forecasts etc.)*

Yes [ ]

No [ ]

10. Please indicate source of funds, nature of funds (equity/loan etc.) and broad terms and condition attached thereof.

11. Are you an alumnus of IITD?

Yes [ ]

No [ ]

If Yes: Please indicate year / Stream / degree and other educational qualifications.

If No: Please give details of your alma-mater(s) and educational qualifications.

12. Please give a brief description of your experience and background.

13. Profile of your Company, if already registered.

*(Type of business, details on date of registration etc., membership of stock exchange if any, key personnel/associates, specific achievements etc. – Please attach documents where applicable)*

14. Please give names and addresses of upto 3 referees who are acquainted with your career profession/achievement.

**ANNEXURE - I**

I, \_\_\_\_\_ (name of faculty with employee code) of \_\_\_\_\_ (Dept./Centre) is going to be engaged with \_\_\_\_\_ (name of start-up company) as \_\_\_\_\_ (Founder / Stakeholder / Mentor) and shall be holding \_\_\_\_\_ % of stake in the company.

I hereby undertake that the time committed for incubation by me shall be within 52 days per year as per Institute norms for consultancy. In case, I am required to give more than 52 days per year for the incubation, I shall take leave of the kind due for the same.

(\_\_\_\_\_)

Signature with Date

To: MD, FITT

Copy to Dean (Faculty), IIT Delhi

**ANNEXURE – II**

**Compensation for use of Institute Resources for Incubation**

M/s. \_\_\_\_\_ (name of the start-up) has applied for incubation to TBIU, IIT Delhi. It is expected that the following resources are likely to be used during the incubation phase of the company:

**LABORATORIES**

<b><u>S.No.</u></b>	<b><u>Lab. Name</u></b>	<b><u>Room No.</u></b>	<b><u>No. of incubation staff in the laboratory</u></b>	<b><u>Hours per week #</u></b>

**EQUIPMENT**

<b><u>S.No.</u></b>	<b><u>Major Equipment</u></b>	<b><u>Hours per week #</u></b>

*Note: All consumables should be provided by the start-up company*

The estimated total usage charges over the incubation period: \_\_\_\_\_

To compensate for the same, M/s. \_\_\_\_\_ agrees to pay in cash or equity

<b><u>#Charges</u></b>	<b><u>Equity</u></b>
a) Upto Rs.5.00 lakh	0.5%
b) For every additional charge of Rs.1.00 lakh (upto Rs.20.00 lakh)	0.1%
c) For every additional charge of Rs.1.00 lakh beyond Rs.20.00 lakh	0.2%

(Applicant)

(Associated Faculty)

HOD(s):