

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)

a) Founder / Promoter / Executive Director: Yes / No

If yes, % of shareholding in the start-up: _____

b) Mentor / Advisor: Yes/No

If yes, frequency of guidance required –Daily/Weekly/Fortnightly/Monthly/Quarterly

b) Non-executive Director / Chairman / President, if yes, any Sitting Fee involved

d) Faculty involved undertakes that the time spent on this incubation would be accommodated within 52 days of consulting permitted by the Institute.

iii) Equipment/ facilities at IIT Delhi proposed to be used (Please provide list of equipment / labs)

8. Have you interacted with the concerned faculty and has he/she/they consented to collaborate with you? (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.