#### WISE SNDTWU INCUBATION CENTRE

SNDT Women's University Juhu Campus, Santa Cruz West, Mumbai-400049

Application for – Pre-Incubation and Incubation

Please read the note below before filling in / submitting the application

## A note to the applicant:

Disclaimer: (Please do not delete of omit any portion of this application in whichever form you submit the same, else it stands disqualified)

### **Eligibility Criteria**

following set of criteria must be satisfied:

- Thrust Areas Women applicants are allowed to apply with Ideas related to Social
  entrepreneurship, Information and communications Technology (ICT), Health-Tech, BioTechnology, Agribusiness, Clean-tech, Fintech, non conventional energy, Food Technology, AI, ML,
  Robotics and internet of thing (IoT). Entries with ideas outside the given boundaries of focus area
  mentioned above will be disqualified.
- **Stage of Start-up** Startup with prototypes/proof of concept or have done customer survey or market surveys or been in business for less than one year can apply.
- Dedication Women applicants who reach the pitching stage must testify that they will dedicate
  their full time/efforts to lead their projects when incubated and that there are no legal or social or
  vocational constraints that would forbid them from doing so.
- Location Women applicants who are residents of India

#### **General Terms**

- The entrant agrees to take total responsibility for the content of the submission and they further agree to abide by the terms and conditions of usage defined. All entries and content are subject to moderation. Content that is defamatory, malicious, and offensive or involves breach of copyright, trademarks or other intellectual property rights will not be allowed.
- Applicants must own the intellectual property (IP) rights; including the copyright in or have permission to use any materials submitted for the competition and will be ready to transfer its IP to his/her company. WISE SNDTWU INCUBATION CENTRE will not be responsible for breach of any copyright or other third party intellectual property and proprietary rights by the entrants.
- The accepted applicants are responsible for ensuring they are able to accept the incubation
  program as set out in these conditions and according to the WISE SNDTWU INCUBATION CENTRE
  and Maharashtra Innovation Societies incubation rules. This includes, for example signing the
  incubation agreement, providing valid and up to date contact details and complying with these
  conditions and/or other instructions from WISE-SNDTWU INCUBATION CENTRE.
- By applying, each applicant hereby warrants that they are the original author of the submission contents and that the submission does not or will not infringe any third party's intellectual property and proprietary rights, including their copyright, patent, trade mark, trade secret, design, or other proprietary rights or rights of publicity or privacy.
- The selected project/startup at WISE SNDTWU INCUBATION CENTRE can not be simultaneously incubated in another incubator or accelerator.

The information provided by an applicant is only used to assess the candidature for the purpose of providing incubation services. Further WISE SNDTWU INCUBATION CENTRE does not guarantee acceptance of your proposal until and unless the selection process is over and WISE SNDTWU INCUBATION CENTRE has the right to reject any proposal without assigning any reason what so ever. WISE SNDTWU INCUBATION CENTRE will not liable to pay any compensation to you in any form for the delay in communicating the decision or rejecting the proposal at its own discretion.

# Application form for Applying for availing incubation services

Name/Proposed name of Start-Up/Company*:				
Focus Area:				
(* If business entity has not been formed yet, please indicate the name of the Co-Founder of the startup)				
Name of Lead Entrepreneur (A sep	arate resume may also be attached)			
Full Name: Age: Mobile: Email: Postal address / Residential Addres		Photograph		
City: State:				
Affiliation with SNDT Women's Ur	niversity (IF ANY):			
Post graduate: Degree: Area of Specialization: University/Institution:	Year:			
Graduate: Degree: Area of Specialization: University/Institution:	Year:			
About Your business				
Product:				
Service:				
Technology Used:				

Service expected from WISE SNDTWU INCUBATION CENTRE			
1.	Business Consulting service		
2.	Marketing Consultancy		
3.	Prototype Development		
4.	Administrative Advisory services (CA/Legal)		
Abo	oout your Team (Also include CV of Each promoter	rs)	
Full Dat Mo	etails of Your 2 <sup>nd</sup> Co-Founder Ill Name: ate of Birth: obile: nail:		
		Years of Experience:	
Full Dat Mo Ema	etails of Your 3 <sup>rd</sup> Co-Founder Ill Name: ate of Birth: obile: nail: pertise:	Years of Experience:	
1.	How do you think your past experience is going to he	elp you in this new venture?	
2.	Have you estimated and identified your seed fu	nding needs/ source?	
3.	What is the business you are planning to Region ?	o develop and in which City / Village /	

3.SEED Stage

Stage of Your Business:

1.Idea

2. Pilot Stage

5. Growth Stage

4. Pre Revenue

Village / Region ?	that this business is good and will succeed in your City /		
5. Who are your potential cu products or service?	stomers? What marketing tools will you use to sell your		
-	this business? If so what is your competitive edge? (why from you instead of your competitor?		
7. How much money do you	need to start this business? What do you need it for?		
	ct cost? Do you need any machinery or capital item for starting of cify the same with the purpose.		
If yes, please give the break-up, as below. (Please give proper justifications for each head)			
Pre-Market Expenses Rs.			
Prototype Development Cost Rs.			
Marketing/Customer Survey Rs.			
Equipment R	S.		
Working Capital Rs.			
Others R	S.		
Total R	ds.		
Have you done market and consumer survey?			

If yes, Briefly describe the method and results separately for market and consumer.
Describe your target market, have your done the survey? Please attach the survey result/analysis.
Give comprehensive details for the following:
♦ Profitability Analysis
• Return of Income / Revenue generation (
Technology Details:
Do you need to develop a technology for your idea? Kindly elaborate
Is this your technology? Which you will transfer to your newly formed company?
Estimated time to develop this technology?
Do you need lab, mentor, and assistance to develop this technology? Please describe?
If you have transferred this technology from somewhere else kindly provide the details, such as no objection certificate, technology transfer documents.
What is your arrangement for technology transfer and royalty payment etc with the technology providing source?.
Do you envisage any modification to the original technology obtained from the technology-providing agency? Please describe the same with facilities required for customizing the technology obtained.

Have done any research or survey to validate your assumption on this?

How did come to know about "WISE SNDTWU INCUBATION CENTRE"?

#### Declaration:

I certify that the information contained in this application is correct to the best of my knowledge. I understand that false information is ground for refusing to incubate me at WISE SNDTWU INCUBATION CENTRE / cancel my application/eviction from the centre in future, if incubated/pre-incubated. I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information. In consideration for my application, I agree to abide by the rules and regulations of the WISE SNDTWU INCUBATION CENTRE, which rules may be changed, withdrawn, added or interpreted from time to time, at the WISE SNDTWU INCUBATION CENTRE's sole option and without prior notice to me. I acknowledge that my status as incubatee may be terminated, or any offer or acceptance of incubation/pre-incubation withdrawn, at any time, with or without cause, and with or without prior notice at the option of the AIC - MFIE - IM - BHU or myself.

Name of Applicant: Signature of Applicant:

Date: Place:

Kindly send a hard copy of filled application with required supporting documents to:

THE DIRECTOR
WISE SNDTWU INCUBATION CENTRE
UMIT, SNDT JUHU CAMPUS,
SANTA CRUZ WEST, MUMBAI-400049
MAHARASHTRA, INDIA