

**Application Form for recognizing Nodal Institution**

| Sr. No | Parameters  | Details |
|--------|---|---------|
| 1.     | Name of Incubation Centre   |         |
|        | Address   |         |
|        | Contact No  |         |
|        | Email ID  |         |
|        | Website   |         |
|        | Legal Status  |         |
|        | Year of Establishment   |         |
|        | List of members of core team  |         |
|        | Permanent Contact Person to IC  |         |
|        | Contact No (Mobile Number only)   |         |
|        | Email ID  |         |
| 2.     | Name of the Host Institution (if applicable)  |         |
|        | Address   |         |
|        | Contact No  |         |
|        | Email ID  |         |
|        | Website   |         |
|        | Year of Establishment   |         |
|        | Legal Status  |         |
| 3.     | Detailed profile of Incubation Centre   |         |
|        | Thrust areas of Incubation Centre   |         |
|        | Cumulative year-wise details of Entrepreneurs/Startups assisted   |         |
|        | Sourcing avenues for building pipeline of incubatees  |         |
|        | Detailed Incubation Policy & Operational Guidelines   |         |
|        | Current allocated space for Incubation Centre   |         |
|        | Details of seed fund earlier availed from any other organization or Government of India or State Government or any other agency |         |
|        | Means of meeting the Revenue and Expenditure  |         |
|        | Budget allocation by Host Institute   |         |
| 4.     | Describe briefly about facilities currently available in the Institute  |         |
|        | Separate seating arrangement for 20 persons   |         |
|        | Minimum separate area of 5000 Square feet   |         |
|        | Incubation centre available 16 hours per day including post office-hours  |         |
|        | Meeting room, Seminar/AV Conference hall, Computers, Internet Network   |         |
|        | Concerned Subject experts / Pool of Mentors   |         |
|        | Two full time managers for Incubation Centre  |         |
| 5.     | Award or any Recognition achieved   |         |
|        | Vision of Incubation Centre   |         |

**Document Checklist:**

| <b>Sr. No</b> | <b>Particulars</b>   | <b>Remarks (Yes/No)</b> | <b>Page No</b> |
|---------------|--|-------------------------|----------------|
| 1.            | Registration details of institute (Copy of Memorandum & Article of Association/Partnership deed/Regn. Under society Act and others if any)     |                         |                |
| 2.            | In case of CSIR/DSIR approved institutes, copy of registration with CSRIR/DSIR/Others.   |                         |                |
| 3.            | Detail profile of Institutions   |                         |                |
| 4.            | Annual audit report of Nodal Institutions for last 2 years   |                         |                |
| 5.            | Details of facilities (Building/instruments/Infrastructure/Manpower)available with institute   |                         |                |
| 6.            | Detail CV of all Innovators Viz. Name, Address, Qualification (Brief Resume of all Innovators)   |                         |                |
| 7.            | Name and Address of Industrial Unit/Institute (In case the innovation is proposed to be undertaken in the location other than Nodal Institute) |                         |                |
| 8.            | Resumes of all Promoters/ Directors / Co-Working Partners of Incubation Centres  |                         |                |

I have read the guidelines as well as Scheme for assistance for Start Ups/ Innovation under Industrial Policy 2015; Government Resolution No MIS-102014-924909-I dated 27.01.2015 of Government of Gujarat.

I confirm that the above mentioned information is true.

I confirm that I have read and understood the guidelines.

I confirm that I meet requirements of the programme and shall abide by the rules of the programme.

I confirm that I shall provide all requested data and information to the GoG in a timely manner.

**Seal and Signature of Institute:****Name:****Designation:****Date**