**APPLICATION FORM FOR GRANT UNDER**

**CUSAT RUSA STARTUP FUND 2021**

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| Application number ( to be filled by office) |  |
| Grant Applying for (Idea grant is only for students/staff/faculty of CUSAT. Read details about each grant type in CUSAT startup fund details 2021 document.) | **IDEA GRANT** **PRODUCT GRANT**  |
|  |
| **1.0 Applicant Details** |
| 1. Name of the main Applicant / Founder signing the form
 |  |
| 1. Date of birth
 |  |
| 1. Gender
 |  |
| 1. Contact Number
 |  |
| 1. Email id
 |  |
| 1. Highest educational qualification completed
 |  |
| 1. Category
 | Gen / OBC/ SC / ST |
| 1. Present Address
 |  |
| 1. Permanent Address
 |  |
| 1. Are you currently studying or working at CUSAT ? (Choose Yes or No)
 |  |
| 1. If Yes for question j, What is your current connection with CUSAT :
 | Faculty / Non-Teaching Staff/ Post Doc Scholar / PhD Scholar / PG student / UG student  |
| 1. If Yes for question j, give details of your status in CUSAT

If Student, give details of your course in CUSAT If Faculty or Staff, give details of your designation and affiliation in CUSAT |  |
| 1. Are you an alumni of CUSAT? (Choose Yes or No)

Subsidized Incubation charges will be awarded to CUSAT Alumni startups. |  |
| 1. If Yes to question m, give details about course taken, department name, and year of study.
 |  |
| 1. Names of your co-applicants / co-founders

(It is mandatory to have at least one co-applicant for receiving grant) |  |
| 1. PAN Card no
 |  |
| 1. Aadhaar No
 |  |
| 2**.0 Details of the Start-up company ( if already formed)** |
| 1. Name of the start-up Company
 |  |
| 1. Registered Company Address
 |  |
| 1. Website of the company
 |  |
| 1. Are you also registered as a legal entity ?
 | Pvt Ltd / LLP/ Partnership / Any other / Not registered |
| 1. Are you incubated in CUSAT?
 |  YES / NO |
| 1. If incubated in CUSAT, details
 | CITTIC / Others ( Mention) |
| 1. Are you registered with Govt of India / Govt of Kerala Schemes? If yes, give details
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| **3.0 Brief description of the idea/product highlighting innovative element ( around 250 words)** |
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| **4.0 Explain the Science and working principle behind the idea ( around 250 words)** |
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| **5.0 Describe your potential market – beneficiaries, market Size, competitor details, Expected revenue ( around 250 words)** |
|  |
| **6.0 Current status: Idea formulated/ Prototype being developed**  **/ prototype completed / Basic product launched/ Any other** **Give Details** |
|  |
| **7.0 If applying for product grant, give additional details of the prototype / MVP developed, Revenue / orders received etc** |
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| **8.0 Final outcome/deliverable of the work proposed ( around 250 words)** |
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| **9.0 Proposed Work Plan** |
| Sl No | Milestone to be completed | Duration ( in months) |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| …….. |  |  |
| **Total Duration ( Max 2 Years)** |  |

|  |
| --- |
| **10.0 Proposed cost**  |
| Sl No | Item | Total Cost | Own share | Grant Sought |
| 1 | Manpower cost for R&D/Design / development / Engg/ Consultancy /Testing /Expert cost ( Details) |  |  |  |
| 2 | Raw material/ Consumables/Spares ( details) |  |  |  |
| 3 | Fabrication /Synthesis charges ( Details) |  |  |  |
| 4 | Market feasibility studies , customer surveys etc ( Details) |  |  |  |
| 5 | Business Promotion , Business travel and participation in events ( details) |  |  |  |
| 6 | Patent Filing Cost |  |  |  |
| 7 | Any other heads ( add rows if needed) |  |  |  |
| **TOTAL** |  |  |  |
| **11.0 Have you received financial support / Grant for the proposed work from any other sources? (if so, please furnish source and fund utilization details )** |

**12.0 Declaration:**

I declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. If any information is found false or incorrect, my candidature will stand cancelled and all my claims will be forfeited. I confirm that I am fully committed to work for which the support is being sought and I have registered or am planning to register for the incubation programme at CUSAT for the entire duration of Grant support.

Signature of the applicant Signature of the co-applicant

Place:

Date: