

# SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY

(Established under section 3 of UGC Act, 1956)

Jeppiaar Nagar, Rajiv Gandhi Road, Chennai -600 119, Tamilnadu.



## TECHNOLOGY BUSINESS INCUBATOR

### A note to the applicant:

**Disclaimer: (Don't remove or delete this portion of the application in whichever form you submit)**

Every professional effort would be made by SU-TBI to treat and handle this information provided here as confidential. However, by signing and applying to SU-TBI for incubation assistance on this application form, you agree not to make any claim or demand compensation unconditionally in any form, at any point of time, now or any time in future, on the information / technology details provided by you here as trade secret or proprietary intellectual property. This information is required by SU-TBI to assess the candidature for the purpose of providing incubation services. Further SU-TBI does not guarantee acceptance of your proposal until and unless the selection process is over and SU-TBI has the right to reject any proposal without assigning any reason what so ever. SU-TBI will not 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 at SU – TBI**

**For Office Use Only**

Date Received:

Reference No. \_\_\_\_\_

**Name of Enterprise/ Individual:**

\_\_\_\_\_

**Name of Principal Entrepreneur (Attach resume)**

Title (Tick the appropriate) Mr. [ ] Ms [ ] Dr [ ] Prof. [ ]

Full Name: \_\_\_\_\_

Father Name: \_\_\_\_\_

Date of birth & Age: \_\_\_\_\_

Phone: RES: \_\_\_\_\_ . Office : \_\_\_\_\_

Mobile: \_\_\_\_\_ .

Email: \_\_\_\_\_ . Alternante e-mail id: \_\_\_\_\_ .

Postal address / Residential Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

**Educational Qualification :**

Highest Qualification : \_\_\_\_\_ .

Year of Passing : \_\_\_\_\_.

Grades Obtained : \_\_\_\_\_.

Area of Specialization : \_\_\_\_\_.

Research experience : \_\_\_\_\_.

Name of Institute /Institute of Science and Technology:

\_\_\_\_\_.

**About Your Business:**

**Type of Business:** a. Services b. High technology c. Others

**Product Category:** Marine resources/ Bio products /Engineering /Nano products/ Medical / Energy / Others (Please Specify)

**Briefly describe your Business Idea (Attach separate sheet, if required):**

\_\_\_\_\_  
\_\_\_\_\_

**Details of your Team:**

Number of employees you will be employing: \_\_\_\_\_

Whether the people you are employing are: a. Part-time b. Full time

**List the name(s) of the principal(s) / co promoters / employees:**

Name : \_\_\_\_\_.

Educational Qualification : \_\_\_\_\_.

Address : \_\_\_\_\_.

Phone : \_\_\_\_\_.

Name : \_\_\_\_\_.

Educational Qualification : \_\_\_\_\_.

Address : \_\_\_\_\_.

Phone : \_\_\_\_\_.

Name : \_\_\_\_\_.

Educational Qualification : \_\_\_\_\_.

Address : \_\_\_\_\_.

Phone : \_\_\_\_\_.

(Add additional sheets, if required)

**Write a brief note about your product or service:**

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**Activity schedule: Provide milestone of activities**

**3<sup>rd</sup> month** :

**6<sup>th</sup> month** :

**9<sup>th</sup> month** :

**12<sup>th</sup> month** :

**Details of estimated and identified seed funding needs / source? Give details**

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**Do you need any machinery or capital item for starting of your venture? If yes, please specify the same with the purpose.**

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**What is your estimated project cost? Please give the break-up, as below.**

- Pre-operative expenses      Rs. \_\_\_\_\_.
- Prototype Development      Rs. \_\_\_\_\_.
- Test marketing      Rs. \_\_\_\_\_.
- Equipment      Rs. \_\_\_\_\_.
- Working Capital      Rs. \_\_\_\_\_.
- Other Requirements      Rs. \_\_\_\_\_.
- Total      Rs. \_\_\_\_\_.

**Have you done market survey on the demand for your product? If yes, Give details.**

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**Technology Details:**

Is your business idea technology dependent, which needs development? Describe the same?

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Is this technology your own? Or obtained from other sources?

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If your own, have you completed technology development? Or what stage you are in the development process? What is the estimated time (in months) for completion of the development of the technology?

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If technology for your project is provided by another lab or agency, indicate the name of agency.

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What is your arrangement for technology transfer and royalty payment etc with the technology providing source?

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Do you have export market for your products / services?    **a. Yes**    **b. No**

If so, which nations / regions?

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

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How did you learn about SU-TBI?

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References: (Give two references here, verification will be done after completion of the selection process)

1. Name of the Reference: \_\_\_\_\_

Organization/ Designation: \_\_\_\_\_.

Address: \_\_\_\_\_.

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_.

2. Name of the Reference: \_\_\_\_\_

Organization/ Designation: \_\_\_\_\_.

Address: \_\_\_\_\_.

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_.

Declaration:

The information that I/we have provided is correct. I further declare that the information that I have provided here with are not proprietary in nature and that I would not make any claim on same. I have also read, understood and accepted the terms and conditions set forth in the disclaimer of this application.

**Date:**

**Applicant Signature**

**Place:**

Please check whether you have filled in all the details and attached all the relevant information as described / required here:

**The completed application with all enclosure may be:**

- E-mailed to: [ssutbi@sathyabamaInstituteofscienceandtechnology.ac.in](mailto:ssutbi@sathyabamaInstituteofscienceandtechnology.ac.in)
- Hard copy may be sent by courier or post to :

The Manager (TBI)

Sathyabama Institute of Science and Technology-Technology Business Incubator

Sathyabama Institute of Science and Technology,

Jeppiaar nagar, Rajiv Gandhi Road,

Chennai - 600 119

Tel. +91 044 / 2450 0646 / 2450 1644.