**Incubation Application Form**

**Please read this before filling in / submitting the application.**

**A note to the applicant:**

**Disclaimer: (Don’t remove or delete any portion of the application in whichever form you submit the same)**

Every professional effort would be made by investors to treat and handle this information provided here as confidential. However, by signing and applying 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 investors to assess the candidature for the purpose of providing incubation services. Further investors does not guarantee acceptance of your proposal until and unless the selection process is over and we have the right to reject any proposal without assigning any reason what so ever. Investors 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.

iGlowSoft is not an investment company, we just facilitate entrepreneurs to find suitable investor and charge 2% commission if your application approved.

**Application form for availing incubation services/support**

For Office Use Only

Date Received:

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

Reference #\_\_\_\_\_\_\_\_\_

1. **Name of Business\*:**

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*(\* If business entity has not been formed yet, please indicate the name of the lead entrepreneur)*

1. **Name of Lead Entrepreneur**(A separate resume may also be attached)

|  |  |
| --- | --- |
| Title (Tick the appropriate): | Mr. [] Ms [ ] Dr [ ] Prof. [ ] |
| Full Name: |  |
| Father Name: |  |
| Age: |  |
| Residence Phone Number: |  |
| Office Phone Number: |  |
| Mobile Number: |  |
| E- Mail: |  |
| Postal address / Residential Address |  |
| City |  |
| Postal Code |  |
| State / Country |  |

1. **Educational Qualification:**

|  |  |
| --- | --- |
| Highest Qualification: |  |
| Year of Passing: |  |
| Grades Obtained: |  |
| Area of Specialization: |  |
| Research experience: |  |
| Name of Institute/ University : |  |

1. **About Your business**

|  |
| --- |
| **(***Filled by Incubatee)* |

1. **Type of Business:**

|  |
| --- |
| **Services:**  **(***Filled by Incubatee)* |
| **High Technology:**  **(***Filled by Incubatee)* |
| **Other:**  **(***Filled by Incubatee)* |

1. **Briefly describe your business (Attach separate sheet, if required):**

*(Filled by Incubatee)*

1. **How long have you been in business?***(Filled by Incubatee)*

|  |
| --- |
| 1.Conceptual Stage\_\_\_\_\_\_  2.Less than a year\_\_\_\_\_  3.Less than 5 years\_\_\_\_\_\_  4.More than 5 yrs.\_\_\_\_\_  **Legal entity (proposed):**  Proprietorship\_\_\_\_\_\_\_  Partnership\_\_\_\_\_\_  Corporation\_\_\_\_\_\_ |

|  |
| --- |
| 1. **Service expected from Investors**   *( Filled by Incubatee)* |
| **Minimum services Expected from Investors***( put Tick mark)*   1. Telephone 2. Fax 3. Shared laboratories access 4. Business Consulting service 5. Web Access 6. Use of conference rooms 7. Parking 8. Secretarial services 9. Advisory services 10. Investment banking 11. Legal 12. Accountancy services 13. Branding and marketing |

|  |
| --- |
| 1. **Details of your Team:**   *( Filled by Incubatee)* |
| **Number of employees that will be resident (if applicable):**  Full-time\_\_\_\_\_\_\_\_  Part-time\_\_\_\_\_\_\_\_\_\_  Consultants\_\_\_\_\_\_\_\_\_  More on Promoter / Team Details: |

1. **Important \***

|  |
| --- |
| 1. ***Write a one page Statement of purpose on why you want to become an entrepreneur:***   *(Filled by Incubatee)* |
| 1. ***Statement of Purpose of Recommendation Letter & your Innovation idea brief***   *(Filled by Incubatee)* |

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

*(Add additional sheets, if required)*

*(A individual resumes of each member may also be attached)*

1. **Title**

**Name**

**Educational Qualification:**

**No of years of experience:**

**Address**

**Phone**

**E-Mail:**

1. **Title**

**Name**

**Educational Qualification:**

**No of years of experience:**

**Address**

**Phone**

**E-Mail:**

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

*(Filled by Incubatee)*

1. **Do you/your team members have any previous business experience? If yes, how many years?**

*(Filled by Incubatee)*

1. **How do you think your past experience is going to help you in this new venture**

*(Filled by Incubatee)*

1. **Have you estimated and identified your seed funding needs/ source?**

*(Filled by Incubatee)*

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

*(Filled by Incubatee)*

1. **Have you estimated your Project cost? If yes, 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.

1. **Have you done market survey? If yes, briefly describe the method and results.**

*( Filled by Incubatee)*

1. **Describe your target market:**

*(Filled by Incubatee)*

1. **Describe your Business plan:**

*(Filled by Incubatee)*

1. **Technology Details:***(Filled by Incubatee)*
2. **Is your business idea depends on application of certain technology, which needs to**

**developed? If so, please briefly describe the same?**

*(Filled by Incubatee)*

1. **Is this technology your own? Or obtained from other sources?**

*(Filled by Incubatee)*

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

*(Filled by Incubatee)*

1. **Do you need technology development and research assistance?**

*(Filled by Incubatee)*

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

*(Filled by Incubatee)*

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

*(Filled by Incubatee)*

1. **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.**

*(Filled by Incubatee)*

1. **Do you have markets export market for your products / services?**

**Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**

**If so, which nations / regions?**

*(Filled by Incubatee)*

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

*(Filled by Incubatee)*

1. **Do you have plans to go global for producing your products or offering your services? if yes justify.**

**Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**

1. **How did you learn about iGlowsoft?**

*(Filled by Incubatee)*

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

*(Filled by Incubatee)*

1. **Name of the Reference:**

**Organization/ Designation**

**Address**

***Phone :***

***email:***

1. **Name of the Reference:**

**Organization/ Designation**

**Address**

***Phone :***

***email:***

1. **Know Your Incubatee (KYI) summary**

|  |  |  |
| --- | --- | --- |
| **S.No** | **Required details** | **Remarks** |
| 1 | Website |  |
| 2 | Contact Phone (Mobile and Landline) |  |
| 3 | Email |  |
| 4 | Current turnover (Revenue) |  |
| 5 | Current stage of the start-up (Ideation, product development, customer on-boarding, scaling across India, Scaling across globe) |  |
| 6 | Age of the Primary Promoter  (Is he/she under 30?) |  |
| 7 | gender of the Primary promoter (Is it a woman ?) |  |
| 8 | product/service offered |  |
| 9 | Registration status (Pvt Ltd, LLP, Sole proprietor, ......) |  |
| 10 | How many employees do they have now in payroll ? (How many are they hiring like part-time or contractors or out-sourcing) |  |
| 11 | How many employees they are likely to add in 2019 and 2020 (Basically, how many new jobs are they creating) |  |
| 12 | Have they filed for any patents, trademarks, copyrights (If so, please provide details) |  |
| 13 | Have they won any awards in start-up competitions, innovation competitions etc ? Have they been featured in the media? |  |
| 14 | What kind of additional help do they need from investor? |  |
| 15 | We need a 2 to 3min corporate YouTube video of their start-up (what is the problem they are addressing, how is their product/solution unique?, why should people buy their product or service, what sort of people will benefit most etc) |  |

1. **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 and understood and accepted the terms and conditions set forth in the disclaimer in the beginning of this application.*

**Name:**

**Date:**

**Place:**

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

***List of Attachment along with Application to be sent to Incubator:***

1. *Copy of Company Incorporation certificate (If Registered the Company)*
2. *List of partners / directors, shareholders (If Registered the Company)*