

Guidelines/Requirement for Incubation

Eligibility Criteria:

- Student
- Faculty & Alumni of KIET
- Outside students/Promoters
- Any and all applicants would be required to incorporate a
 - Proprietorship
 - Private Limited Company
 - Limited Liabilities Partnership (LLP)
 - Partnership.
- The proposed idea for incubation must be technology based and innovative; if a similar product/technology already exists in the market, a value addition must be proposed.
- **Before signing the agreement with TBI-KIET, companies/persons registering will have to submit following documents:**
 - Application Form on prescribed format (www.tbi-kiet.in)
 - Company Registration, MoA, AoA
 - Rs. 100/- stamp paper for Mou with TBI
 - Business Plan
 - Personal Profile
 - 04 Photographs (Passport Size)
 - ID: Aadhar Card, PAN Card, Passport, Voter ID, Driving License
 - Company incorporation certificate (to be submitted with 6 months of registering at TBI-KIET) if not registered date time of signing of MoU
 - All incubatees have to deposit 25,000/- FD (Pledged to TBI) as security deposit before joining to TBI-KIET (refundable upon exit).

For any query please contact: tbikiet@gmail.com



For Office Use only

Date of Receipt :

Reference No.

Technology Business Incubator-KIET Application Form

1. **Applicant's Name:** _____

2. **Company Name/Proposed Company Name:** _____

3. **Personal Address:** _____

4. **Business Address:** _____

Phone Number _____ Fax _____

Email: _____ Website: _____

5. **Type of Business:**

Service Product Technology

6. **Area of Business, specify:** _____

7. **How long have you been in Business?**

Conceptual less than a year less than 2 years More than 5 years

8. **Legal entity (proposed)**

Partnership LLP Pvt. Limited

9. **Support needed from TBI-KIET (Please specify).**

9.1. **Minimum services expected from TBI-KIET:**

Conference/Seminar Room Business consulting service Share Laboratories Access
 Legal Web Access Branding and Marketing
 Advisory Services Creating Linkage

10. **Details of your Team:**

Number of employees that will be resident (if applicable)

Full time: _____ Part time: _____ Consulting: _____

10.1. More on Promoter/Team Details

10.2. List the name(s) of the Principal(s)/Co-promoter(/Employees)(Individual resumes of each member may also be attached)

10.2.1. Name & Title: _____

Educational Qualification: _____

Number of years of experience: _____

Address: _____

Phone: _____

10.2.2. Name & Title: _____

Educational Qualification: _____

Number of years of experience: _____

Address: _____

Phone: _____

11. Do you or your team members have any previous business experience?

Yes No

11.1. If yes, how many years? _____

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

Write a brief note about your product or service

12.

Do you currently have the following? (Tick all that apply):

Business Plan

Business Plan Outline

Market feasibility study

Intellectual property strategy

13. Have you estimated and identified your funding needs/source?

14. Do you need any machinery or capital item for starting your venture?

Yes No

14.1. If yes, please specify the same with the purpose:

15. Have you estimated your Project cost?

Yes No

15.1. If yes, Please give your break up, as below:

Preoperative expenses: Rs. _____

Prototype development: Rs. _____

Test Marketing: Rs. _____

Equipment: Rs. _____

Working Capital: Rs. _____

Other Requirements: Rs. _____

Total **Rs.** _____

16. Have you done any Market survey?

Yes No

16.1. If yes, briefly describe the method and results:

16.2. Describe your target market:

17. Is this technology your own or obtained from other sources?

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

17.2. Can your technology or product be patented, trademarked or protected from duplication (if applicable)? If not what other sustainable competitive advantage do you have?

18. Your reason (s) for seeking space in the incubator:

19. How much money has already been invested in the company and by whom?

Other (Please specify):

20. The Business will require the following space in the incubator:

_____ #square ft. office space _____ #square ft. laboratory space

21. How did you learn about TBI-KIET?

22. Reference 1*

Reference 2

*For existing companies one reference should be from client side.

The information that I/we have provided is correct. I further declare that the information that we 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.

Applicants name _____

Signature with date

(Please check whether all the details and relevant attached/ information as is described)

Full filled in application and along with relevant documents may send to:

General Manager

Technology Business Incubator-KIET
KIET Group of Institutions
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