



Form A

BUSINESS INCUBATOR CENTRE
ASIAN SCHOOL OF BUSINESS MANAGEMENT
BHUBANESWAR

Application Form for Opening Startups by Individuals/Teams

1. **Key Idea/Title of the Startup Entity:** _____
2. **Name of the Applicant (or the Team Leader):** _____
3. **Permanent Address of the Applicant :** _____

E-mail : _____

Telephone Number: _____

Nationality: _____

Category of the team leader: (Tick) GEN SC ST

4. If the applicant is a student

Name of the Institute: _____ Branch and Semester: _____

Date of Birth: _____ Sex: _____

5. If the applicant is not a student

Qualification: _____

Present Occupation/Engagement: _____ Work Experience (if any): _____

Date of Birth _____ Sex _____

6. Name and address of Parent of Applicant

Name _____ Relationship _____

Address _____

Occupation _____ Annual Income _____

7. Name and address of the person who will stand guarantee for you

Name _____ Relationship _____

Address _____

Occupation _____ Annual Income _____

8. Details of the other members of the team:

1. Name of the member: _____

Educational qualification: _____

Nationality: _____

Category: GEN SC ST

Father's Name _____

Permanent address: _____

Phone : _____ Email: _____

2. Name of the member: _____

Educational qualification: _____

Nationality: _____

Category: GEN SC ST

Father's Name _____

Permanent address: _____

Phone : _____ Email: _____

3. Name of the member: _____

Educational qualification: _____

Nationality: _____

Category: GEN SC ST

Father's Name _____

Permanent address: _____

Phone : _____ Email: _____

9. Startup is related to:

Product

Service

Technology

Other (Please Specify)

10. Do you have a novel technology idea/ concept?

Yes / No

11. Do you represent a 1st generation Startup? Yes / No
12. Do you or team members have any previous business experience? Yes No
- If Yes, briefly mention how the past experience is going to help you in this new venture.
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13. Is this Idea/Startup related to your or any team member's family business? Yes No
14. How many employees will be working in the startup?
- a. Full Time :
- b. Part Time :
15. What is the expected time to develop a working prototype or concept?
16. Why do you want to locate in ASBM Bhubaneswar Business Incubator Centre?
17. Specify requirements (Mentoring/Equipment/Workshop facility) from ASBM Bhubaneswar (if any)
18. If you are selected as a Startup in ASBM BUSINESS INCUBATOR CENTRE, time required to initiate the activity:
19. Write a brief note about your product/service/technology

20. Give a summary of the Business Plan for the Startup:

A. Product Description, Design, IPR issues, and Stage of development

B. Machinery and capital needs (if any)

C. Competitor analysis

D. Market analysis

E. Equipment, Accessories, and Software Required

F. Break-up of the estimated project cost

Prototype Development and Testing:	Rs.
Working Capital:	Rs.
Test Marketing:	Rs.
Legal Expenses:	Rs.
Contingency:	Rs.
Any other expenses: (Pl. specify)	Rs.

Total Project Cost:

Rs.

G. Expected revenue during the first three years of commercialisation

H. Have you received any financial support for your proposed/present work? If yes, give details

I. Other expected sources of fund

J. Potential users of the end product

K. Time schedule/progress plan (preferably in a chart/diagram)

L. How will you promote/advertise your product?

M. Have you interacted with any faculty of ASBM Bhubaneswar for colloboaration?

21. What are the financial strengths of your team members?

22. Any other information which would help in evaluating your proposal

23. Give names, designations, affiliations, and addresses (contact and email) of two references:

Reference 1

Reference 2

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that the information set provided above is correct. Further, our entity

- has not exceeded turnover of INR 25 crore for any of the financial years;
- is working towards innovation, development, deployment and commercialisation of new products, processes or services driven by technology or intellectual property; and
- is not formed by splitting up or reconstruction of a business already in existence.

Applicant's Name & Signature (Team Leader)

Mentor's Signature & Affiliation (if any)

Name & Signature of Member

Name & Signature of Member

Send the soft copy of application form to saikat.gochhait@asbm.ac.in and hard copy by post, to:

Dr.Saikat Gochhait

Head:ASBM Business Incubator Centre

Assistant Professor in Management

Asian School of Business Management, Shiksha Vihar, Bhol, Chandaka, Bhubaneswar- 754012, Odisha

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