



Form B

BUSINESS INCUBATOR CENTRE ASIAN SCHOOL OF BUSINESS MANAGEMENT BHUBANESWAR

Application Form for Opening Startups by Registered Firms and Subsidiaries/Ancillaries of Established Firms

1. Name of the Startup: _____

2. Name of the Applicant/CEO: _____

3. Permanent Address of the Applicant: _____

E-mail : _____

Telephone Number: _____

Nationality: _____

Category of the Applicant: (Tick) GEN SC ST

Qualification: _____

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

Date of Birth _____ Sex _____

4. Father's Name of the Applicant _____

Permanent address: _____

Phone : _____ Email: _____

5. Are you a registered company? Yes / No

6. If you are registered company,

(a) How long have you been in business?

< 1 year

1 – 5 years

> 5 years

(b) To which category does your unit belong:

Proprietorship

Partnership

Pvt. Limited

Other (Please specify)

7. If you are a subsidiary/ancillary unit of an established firm

(a) Name and address of the firm sponsoring the startup

(b) Nature of relationship with the parent firm

Subsidiary unit Ancillary unit Other (please specify)

(c) Nature of arrangement with the parent firm

- a. Financial:
- b. Organizational:
- c. Physical:
- d. Flow of product/service:
- e. Any other (please specify):

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. Your 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 start-up company? 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?

13. Is this Startup related to your or any team members 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 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 Bhubaneswar, 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: (Pls specify)	Rs.
_____	_____
Total Project Cost:	Rs.
_____	_____

G. Expected revenue during the first three year of commercialisation

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

I. Other expected sources of funds

J. Potential users of the end product

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

L. How will you promote/advertise your product?

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

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

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; and
- is working towards innovation, development, deployment or 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, Bhola, Chandaka, Bhubaneswar- 754012, Odisha