



Indian Institute of Management Jammu, Old University Campus, Jammu - 180016

Application form for incubation residency at IIMJ-FEISD

(Feel free to elaborate with additional annexures wherever necessary, but maintain brevity)

1. **Personal Details:** (Add Co-founder detail at the end, if applicable)

Name of the Applicant: _____

Date of Birth: _____ Nationality: _____

Telephone: _____ Email: _____

Website(if any): _____ Occupation: _____

Address for Communication: _____

Paste
Picture

2. Business Idea: Please share the following regarding your Business Idea/Expansion Plan:
- i) You have a novel technological/non-technological, idea/concept and hope to convert it into a commercially viable product/service through technological/mentoring support and/or R&D collaboration with IIMJ. Yes [] No []
- ii) You intend to become an entrepreneur Yes [] No []
- iii) You own/represent a First-generation start-up company engaged in a business in which expertise/research interest exists in IIMJ. Yes [] No []
3. Title of your Business/Technology proposal for Incubation/Acceleration.

-
4. Brief description of the Product/Services/technology business you plan to incubate/accelerate in IIMJ-FEISD (*Add Annex*)
5. Brief description of the resources and other technological inputs you hope to leverage from IIMJ (e.g. Business Model, Proof of Concept, Administrative Services etc.)
6. How is your past experience going to be useful in this venture?
7. Who are your competitors and what is your competitive edge?
8. Have you prepared a Business Plan (including a technology development plan) for the next 3-5 years? If yes, please submit a copy. Yes [] No []
- (The Business Plan should cover, inter alia, an Executive summary, team members, key focus areas, market information on customers, competitors and collaborators, financial parameters such as investment plans, cash flow forecasts etc.)*
9. Please indicate your fund requirement and source of funds (if any)

10. Are you a/an student/alumnus of IIMJ? Yes [] No []

If Yes: Please indicate year/course _____

If No: Please give details of your alma mater (s) and educational qualifications.

11. Please give a brief description of your experience and background relevant to your business idea.

(Add Annex)

12. Profile of your Company, if already registered. *(Add Annex)*

(Type of business, details on date of registration etc., membership of stock exchange if any, key personnel/associates, specific achievements etc. – Please attach documents where applicable)

13. Please give names and addresses of upto 2 referees who are acquainted with your career/

profession/achievement. *(Add Annex)*

Declaration:

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to incubate me at IIMJ FEISD/ cancel my application/eviction from the centre in future, if incubated/pre-incubated. I authorize any person, organization or company listed on this application to furnish you with any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information. In consideration for my application, I agree to abide by the rules and regulations of the IIMJ FEISD, which rules may be changed, withdrawn, added or interpreted at any time, at the IIMJ FEISD's sole option and without prior notice to me. I also acknowledge that my incubation may be terminated, or any offer or acceptance of incubation/pre-incubation withdrawn, at any time, with or without cause, and with or without prior notice at the option of the IIMJ FEISD or myself.

Name of Applicant:

Signature of Applicant

Date:

Place:

ANNEXURE – I

Undertaking on agreement regarding compensation for the use of IIMJ-FEISD Resources for Incubation

I/We, under name & style of _____ (name of the start-up) have applied for incubation to IIM Jammu FEISD. It is expected that the following resources are likely to be used during the incubation phase of the company.

1. **IPR Application support**
2. **Pre-incubation training**
3. **Incubation Support**
4. **Working Space**
5. **Mentoring Support**
6. **Networking for grants**
7. **Networking with mentors**
8. **Any other (please specify)_____**

Note: All consumables shall be arranged by the start-up company.

To compensate for the usage charges and the value added services provided by IIMJ-FEISD, I/(Name of Applicant entity) _____ agree(s) to share equity to the tune of ___ per cent to IIMJ-FEISD.

Applicant Company

Faculty mentor (if any)

Chief Innovation Officer

Authorised Signatory

IIM Jammu

IIM Jammu

ANNEXURE – II

ABOUT YOUR TEAM

Details of Your 2nd Co-Founder

Full Name:

Date of Birth:

Mobile:

Email:

Expertise:

Years of Experience:

Details of Your 3rd Co-Founder

Full Name:

Date of Birth:

Mobile:

Email:

Expertise:

Years of Experience:

Add more if required