

**APPLICATION FORM FOR USE OF INCUBATION  
CENTRE FACILITIES AT MANIT**  
For B.Tech Students

Name of the Applicant (Group Leader):

Date of Birth:

Nationality:

Contact Address:

Mobile:

E-mail:

Details of other team members: 1. Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

2. Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

3. Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Title of the Project: \_\_\_\_\_

\_\_\_\_\_  
*(Enclose an abstract of 150 words)*

**Purpose:** 1. For participating in competitions  2. Development of new product:

**Newness in the project:** \_\_\_\_\_

\_\_\_\_\_  
Time Duration of Project: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days.

Funds Required: Rs. \_\_\_\_\_ Non-Recurring: \_\_\_\_\_ Recurring \_\_\_\_\_

Requirement of Incubation: 1. \_\_\_\_\_ Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Center Facilitates 2. \_\_\_\_\_ Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of the Faculty Advisor: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Department: \_\_\_\_\_

Consent of faculty advisors: Signature: \_\_\_\_\_

Secretary (Incubation Centre):

H.O.D:

Director:

## Approval of the Committee

1. If the project is for participating in competitions, The potential of this project to compete in National/International Events: Strong:  Medium:  Poor:

2. Relevance of the Project:

- a) Relevant to specific department (academic use):
- b) Relevant to interdisciplinary research (academic use) :
- c) Relevant to research and development:
- d) Relevant to manufacturing industry:
- e) Relevant to other category of use:

3. Patentability of Innovation:

Sl. No	Criteria	Very Strong	Strong	Medium	Fair	Weak
1.	Innovation potential of the project:					
2.	New Technological Idea					
3.	Modification to existing design					
4.	New to International Market					
5.	New to Indian Market					
6.	New area of application					

4. Justification of Budget:

- a) Non-Recurring: Justified  Not Justified
- b) Recurring: Justified  Not Justified

If not justified, reasons: \_\_\_\_\_  
\_\_\_\_\_

5. Recommended  Not Recommended

6. Suggestions if any for improvement:

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

Signature: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Name and Designation:  
of Committee Members \_\_\_\_\_