



**Innovation Voucher Programme
Application for Empanelment of Knowledge Partner**

I Basic Information of the Institutions

1. Name of the Institution	:	<input type="text"/>
2. Year of establishment	:	<input type="text"/>
3. Place	:	<input type="text"/>
4. Street/Address	:	<input type="text"/>
5. District	:	<input type="text"/>
6. State	:	<input type="text"/>
7. Pin Code	:	<input type="text"/>
8. Website	:	<input type="text"/>
9. Email address	:	<input type="text"/>
10. Contact person	:	<input type="text"/>
11. Mobile Number	:	<input type="text"/>

II Specialization of your institution: (Please tick the appropriate response)

- | | |
|------------------------------------|--------------------------------|
| a) Agriculture | h) Health |
| b) Arts/Humanities/Social sciences | i) Leather Technology |
| c) Biotechnology | j) Marketing |
| d) Commerce | k) Medical/Health |
| e) Engineering & technology | l) Medical Devices |
| f) E-commerce | m) Management |
| g) Food Technology | n) Water and Sanitation |
| | o) Other (Please Specify)..... |

III Research & Development

1. Do have testing Lab Facilities : Yes No

If Yes, provide the following details:

- a. Type of Lab : Dry Wet Both
- b. Area in Sq.Ft :
- c. Equipments : **Enclose as Annexure I**
2. Describe the lab facility which you are ready to share with the innovators on priority basis. **(Max 500 Characteristics)**

3. What is the service charge you collect from the innovators for the service offered ?

4. Describe the concessions offered to innovators for using your lab facilities:**(Max 500 Characteristics)**

IV Prior experience in the field of Entrepreneurship & Innovation

1. Number of entrepreneurship awareness/training programs conducted in the last three fiscal years :
2. Date :
3. Attendees :
4. Have you accelerated/funded startups in the last three fiscal years?
 Yes No
5. If yes, Total number of startups supported in the last three fiscal years : **Enclose as Annexure II**
6. IVP applications & sanctions in the last 3 years : **Enclose as Annexure III**

V Technical manpower available in your organization to provide support to the innovators:

1. Name :
2. Qualification :
3. Designation :
4. Date of joining your organization :
5. Number of years experience :
6. How many innovators he/she has guided so far. :

VI IPR related Registrations

1. Number of technologies commercialized in past 3 years:**(Give Short Description)**

2. Number of Indian or WIPO-compliant patents received in last 3 years:**(Give Short Description)**

VIII History of your getting funding support for innovators (Enclose as Annexure IV in the given format)

S.No	Name of the innovator	Contact details	Funds successfully canvassed for them in Rs.	Date of funds receipt

IX Please let us know your financial status : (attach last 3 years balance sheet)

X Land and buildings as on 1.2.2024 : (Enclosed as Annexure V)

XI Cash balance as on 1.2.2024

:

What is your establishment cost per month (Rs.) :

Signature

Date