**NIDHI – PRAYAS Programme**

of

Department of Science and Technology, Government of India

National Science and Technology Entrepreneurship Board (NSTED**B)**

**PRAYAS - Innovator Application form**

**Only for hardware-based tech ideas**

Latest Photo (not less than 6 months)

1. Title of the proposed project:
2. Innovator Details:

2.1 Personal Details

 a. Name of the Innovator:

 b. Father’s name/Husband’s name:

 c. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dd/mm/yyyy)/ Age: \_\_\_\_\_\_\_\_\_\_\_

1. Email ID:
2. Mobile Number:
3. Landline Number:
4. Gender:
5. Educational Qualification (last):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. If Student, give Registration Number:
7. Category (General/SC/ST/OBC/Others :
8. PAN Card no:
9. Aadhaar No :
10. Address : (Please enclose residence certificate issued by Sub-Divisional Magistrate(SDM)/District Magistrate(DM) or a copy of ration card or any other document regarding proof of Residence)

|  |  |
| --- | --- |
| Postal Address | Permanent Address  |
|  |  |

* 1. Professional Details
1. Profession of the Innovator:
2. Name & Address of the Institution/Organization (applicable in case of Innovator in Employment / Students with any R& D organisation / Academic Institution:-
3. For Innovator in Employment / Students with any R& D organisation / Academic Institution

**No Objection Certificate (NOC**) from Head of Institute /Organization is mandatorily required):

**Submitted / yet to submit**

1. Annual Income of the applicant (applicable in case of Innovator in Employment) :

(Attach a copy of the latest Income Tax Returns filed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you started your own venture (start-up) ? Yes / No

If yes, please mention the following

Name of your startup :

Date of Incorporation:

CIN:

Your Role in the startup (eg. CEO, COO, Product Head etc):

Revenue generated till date –

Provide Cap structure of the startup, if relevant:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr No. | Name (Founder/Co-founder) | Nationality | Commitment (Part time/ Full time) | % share holding | DIN  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

2.3 Team Member Details (NOTE: If no team members, kindly mention NA in column Name)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr No.  | Name  | Aadhar No. | PAN no. | GenderM/F | Contact No. | Email-id | Qualification |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. Brief description of the idea highlighting innovative element.
2. Please mention the hardware component which will be developed in the proposed prototype.
3. (a) Status of work already carried out (if any) such as. Please tick ✓as applicable.
* Idea level
* College Project
* Lab level – Proof of Concept
* Paper Presentation
* Working Prototype ready

 (b) Science and working principle behind the idea

 (c) Final outcome/deliverable of the project

 (d) Who would be the beneficiary of this innovation and why?

1. Proposed costs and time frame

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.No** | **Items** | **Project Cost** **Own Share** | **PRAYAS support sought** |
| 1. | Outsourcing Charges for R&D/DesignEngg/Consultancy/Testing/Expert cost |  |  |
| 2. | Raw material/ Consumables/Spares |  |  |
| 3. | Fabrication /Synthesis charges of working model or process |  |  |
| 4. | Business Travel and Event participation Fees (Ceiling 10% of approved project cost) |  |  |
| 5. | Patent filing Cost – (PCT- Ceiling 10% of approved project cost) |  |  |
| 6. | Contingency - (Ceiling 10% of approved project cost) |  |  |

Total project cost:

Total PRAYAS grant requested:

Project period in months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Not more than 12-14 months)

1. Activity details/work plan

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.No** | **Activities** | **Monitorable Milestones** | **Duration (months)** |
| 1.2.3. |  |  |  |

1. Have you received financial support / award for your present work from any other sources? (if so, please furnish details)
2. Have you also applied / in process of applying to any other PRAYAS Centre (s) for NIDHI-PRAYAS and/or NIDHI-EIR grant -- Yes/ No

If Yes – Please mention the name of the Centre / TBI and the program.

1. Have you been approved / received the NIDHI-PRAYAS for this idea or other - Yes/ No

**If Yes – Please mention the name of the Centre / TBI and Date of approval/Funds received**

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

1. Essential Criteria

|  |  |
| --- | --- |
| Applicant Confirms that he/she has not been a recipient of any NIDHI-PRAYAS or similar support previously for the same innovative concept as proposed in this form. NIDHI-PRAYAS can be used only once. | Yes / No |
| Applicant is planning to pursue NIDHI- PRAYAS full time with no other concurrent commitments | Yes/No |
| Applicant confirms that he/she is fully committed to work towards the prototype development for which the support is being sought and should not treat this as a stop gap arrangement to support any other pursuits | Yes/No |
| Applicant has or is planning to register for the pre incubation or incubation program at the TBI for the entire duration of PRAYAS support | Yes/No |
| Applicant confirms that if selected for NIDHI-PRAYAS, then they (applicant and their team members) will avail support for their project from only one PRAYAS Centre. If the applicant is found seeking NIDHI-PRAYAS support for the same idea from two different PCs, then the PC reserves right to discontinue the PRAYAS support and appropriate action will be taken on the applicant. | Yes/No |
| Applicant confirms that they will not avail the funding support in parallel for both the schemes i.e NIDHI-PRAYAS and NIDHI - EIR from the same or different centers. | Yes/No |

1. **Declaration:**

I declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. If any information is found false or incorrect, my candidature will stand cancelled and all my claims will be forfeited. I have not received any financial assistance for the present proposal from any other agency.

**Place: Signature of the applicant**

**Date:**