**SCTIMST-TIMed**

Technology Business Incubator for Medical Devices and Biomaterials.

Host Institute: Sree Chitra Tirunal Institute for Medical Sciences and Technology

**NIDHI – PRAYAS Programme**

Department of Science and Technology, Government of India

National Science and Technology Entrepreneurship Board (NSTEDB)

**PRAYAS - COMPANY APPLICATION FORM**

(Refer Annexure I to check eligibility for application)

Application Ref no **–**

(For use of TIMed)

1. **Title of the proposed project**:
2. **Field of the project** :

Healthcare ( )

Medical Devices ( )

Biomaterials ( )

Others, specify :

1. **Essential Criteria**

|  |  |
| --- | --- |
|  We confirm that the company 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 |
| We confirm that the company is fully committed to work towards the prototype development for which the support is being sought and will not treat this as a stop gap arrangement to support any other pursuits | Yes/No |
| We confirm that the company is an existing incubatee of TIMed/We agree to register the company for the pre incubation or incubation program at SCTIMST-TIMed(PRAYAS CENTRE(PC)) for the entire duration of PRAYAS support | Yes/No |
| We confirm that if selected for NIDHI-PRAYAS, then the company will avail support for the project only from SCTIMST-TIMed. If the company is found seeking NIDHI-PRAYAS support for the same idea from any other PC, then TIMed reserves right to discontinue the PRAYAS support and appropriate action will be taken on the applicant. | Yes/No |
| We confirm that the company will not avail the funding support in parallel for both the schemes i.e NIDHI-PRAYAS and NIDHI - EIR from the same or different centres. | Yes/No |

1. **Details Of Company:**
	1. Name of the Company:
	2. Date of incorporation(Attach copy of certificate):
	3. Whether registered under Start Up India Programme:
	4. Website Address:
	5. Annual Income of the Company(Attach copy of latest income tax returns statement,

 if applicable):

* 1. PAN no(Attach copy of PANCARD):
	2. Total Number of Employees:
	3. Name of Authorised Person:
	4. Contact No of Authorised Person :
	5. Email ID of Authorised Person:
	6. Landline number of Company:
1. Registered Address of the company (Please enclose copy of a valid address proof) :
2. Team Member Details (Enclose copy of PAN Cards and Aadhar Cards):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl No.  | Name  | Aadhar No. | Pan Card no. | Gender | Contact  | Email-id | Qualification |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. **Please enclose a detailed BIODATA of the team members associated with the project**
2. **Please enclose a portfolio of the company specifying products/services offered,**
3. Give a brief description of the proposed project:
4. Give a detailed description of the idea highlighting the innovative element.

(Please use a separate sheet)

* 1. Science and working principle behind the idea
	2. Final outcome/deliverable of the project
	3. Who would be the beneficiary of this innovation and why?
	4. Relevance of the project idea in the current scenario.
	5. What is already available in market? What is the market potential of your product

 in comparison?

* 1. What is the Technology Readiness Level and the resources needed to take it

 forward?

 10.7 Status of work already carried out (if any) such as the following. Please tick ✓as

 applicable and attach details of the activity

* Participation In Competition
* Paper Presentations
* Publications
* Making A Model
* Provisional Application For Patent
* Any Other : Specify
1. Proposed costs and time frame (Refer Annexure II for guidelines on usage of fund)

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.****No** | **Items** | **Project Cost** **Own Share ( in Rs)** | **PRAYAS support sought (in Rs)** |
| 1. | Raw material/ Consumables/Spares |  |  |
| 2. | Fabrication /Synthesis charges of working model or process |  |  |
| 3. | Designing costs/ R&D Costs |  |  |
| 4. | Consultancy fees |  |  |
| 5. | Testing/ Evaluation |  |  |
| 6. | Expert fees |  |  |
| 7. | Work related Travel and Event participation Fees (Ceiling 10% of approved project cost) |  |  |
| 8. | Patent filing Cost – (PCT- Ceiling 10% of approved project cost) |  |  |
| 9. | Contingency - (Ceiling 10% of approved project cost) |  |  |
| 10 | Any other, please specify |  |  |

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

(Not more than 18 months)

1. 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. Activity details/work plan(add more rows, if required)

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

1. Have you received financial support / award for your present work from any other sources?

(if so, please furnish details)

1. What are the facilities required for prototype creation? Give details
2. Have you submitted all required information and documents as per the application form? Y/N.

|  |  |
| --- | --- |
| 1. Copy of PAN cards and Aadhar Cards of team members.
 |  |
| 1. Latest income tax returns statement, if applicable
 |  |
| 1. Copy of Certificate of incorporation
 |  |
| 1. Proof of address of company
 |  |
| 1. Proof of address of team members
 |  |
| 1. Portfolio of the company
 |  |
| 1. Research papers published by team members, if any
 |  |
| 1. Details of patents applications, if any
 |  |
| 1. Details of Project
 |  |
| 1. Status of Work
 |  |
| 1. Financial Support/ Award Details
 |  |

1. References(Give two professional/ academic references with address, email and contact number):

1.

2.

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 Authorised Person**

**Date**

**ANNEXURE I**

1. **Eligibility for grantees**

SCTIMST-TIMed supports only innovations based on healthcare, medical devices and biomaterials under NIDHI PRAYAS program

1. **Individual innovator**:

He/she is required to be Indian Citizen at least 18 years of age as on date of application. An Indian citizen is defined as one who is in possession of a government approved proof of nationality such as a valid passport, voter’s ID etc.

1. **Team of individual innovator**:

If the team wants to pursue the project, then there has to be an agreement among the team about the lead applicant and the lead applicant have to apply for NIDHI-PRAYAS. The financial support (after the selection process) will be given to the lead applicant on behalf of the team

1. **Existing incubatee of SCTIMST-TIMed**:-

a) The company is less than 2 years and wants to develop the prototype for a new product, for which they may not have received similar kind of support.

b) Company should have no significant revenue at the time of application.

1. If the innovator is pursuing to build a prototype from their institute/organization IP, then in that case innovator will take no objection certificate from the appropriate authority of their institute/organisation for use/IP transfer / ownership in favour of the innovator/startup.
2. If the applicant is studying /working in an institute/organization, they should get a no objection certificate from that respective institute/organization for applying to NIDHI PRAYAS.
3. **Preference may be given to those innovators**
	1. Who have bootstrapped or have got co-investment commitment.
	2. Who have clear road map for commercialization or start up creation.
	3. Women innovators
	4. Young innovators
4. NIDHI-PRAYAS grantee should be 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.
5. The innovator can avail the NIDHI-PRAYAS support only once and they should not have sought the similar support previously, from other Government of India organisation/Institution for the same innovative concept as proposed in the application form.
6. **Not eligible for PRAYAS**
7. Student applicants pursuing long term research projects like doctoral research projects or similar projects will not be supported
8. Professors or Academicians engaged in teaching with any academic or R&D institute cannot be supported.
9. The projects relating to software development and those involving pure academic research are not eligible.
10. Any institute/organization (not being a startup company) to develop an IP into prototype cannot be supported.
11. Any innovators working/pertaining to an institute/organization for converting their IP into prototype cannot be supported.
12. Any idea which is part of academic research work carried out at the institute/personal level cannot be supported.
13. Any idea that is developed into prototype where the IP could vest with any Institute / organization cannot be supported.

**ANNEXURE II**

1. **Guidelines for Use of funds by the PRAYASEE**-

**The support / funds should be mainly for prototype development work/ proof of concept.**

 **Funds can be used for**

**Funds can be used for approved activities only. This includes items such as:**

1. Raw Materials / Consumables /Spares
2. Fabrication/ Synthesis charges of working model or Process
3. Designing costs/ R&D Costs
4. Consultancy Fees
5. Testing/Evaluation
6. Expert Fee
7. Work related Travel and Event participation Fees (ceiling 10% of approved project cost)
8. Patent filing cost- (PCT-Ceiling 10% of approved project cost)
9. Contingency – (ceiling 10% of approved project cost)
10. Any other item approved by SCTIMST-TIMed at the time of application

**For any other use, it must be with prior approval of SCTIMST-TIMed only**

 **Funds should not be used for**

1. To pay the grantee/relatives.
2. To pay usage charges to the TBI
3. To repay loans/ commitments made earlier
4. To pay rent of own accommodation, creation of infrastructure facility like shed etc. should not form the component of support / funds.