## **APPLICATION FORM (GENESIS)**

1.	Details of the Implementing Agency (IA)	
(i)	Name of the Implementing Agency:	
(ii) docun	Name of the legal entity (as mentioned in the registration nent of the entity):	
(iii) Ltd. o	Legal Status (Institute / Section-8 / Registered Society/ Trust/ Pvt. r any other) (please specify):	
(iv)	Incorporation/ Registration number; if any	
(v)	Year of Establishment of the Implementing Agency:	
(vi) organ	Whether affiliated with a university/Institute/ R&D ization. If yes, give details:	
(vii)	ARIIA Ranking:	
(viii)	Registered Address of the Implementing Agency:	
(ix)	District:	
(x)	State:	
(xi)	Pin code:	
(xii)	Website:	
(xiii)	Implementing Agency locations:	
	Tier-III Tier-III	

Composition of the Implementing Agency							
Total number of staff at the Implementing Agency (as on date)							
Does the Implementing Agency have full time CEO?							
Name of the CEO/ Head of the Implementing Agency:							
Email Address:							
Contact Number:							
Qualification of the CEO/ Head:							
Partnerships/ Linkages  Total number of Industry/Corporate partners (existing)							
Total number of Industry/Corporate partners (existing)  Provide details of 5 partners who are most relevant for the Implementing gency: (if any)							
Name	*Type of partners	Details of their current role/engagem with Agencies	ent				
	Total numb Does the Im Name of the Email Addr Contact Num Qualification Partnership Total numb Provide detects: (if any)	Total number of staff at the Indoes the Implementing Agend Name of the CEO/ Head of the Email Address: Contact Number: Qualification of the CEO/ Head Partnerships/ Linkages Total number of Industry/Control Provide details of 5 partners by: (if any)  Name *Type of	Does the Implementing Agency have full time CEO?  Name of the CEO/ Head of the Implementing Agency:  Email Address:  Contact Number:  Qualification of the CEO/ Head:  Partnerships/ Linkages  Total number of Industry/Corporate partners (existing)  Provide details of 5 partners who are most relevant for the Imple y: (if any)  Name *Type of Details of their current role/engagements				

<sup>\*</sup>Type of partner: Academic, Corporate, Government, R&D Lab, Small Medium Enterprise (SME), angel investors/VCs, Others (Please specify).

4.	EAISTING CAPACITY AND INFRASTRUCTURE	
(i)	Existing capacity of the Implementing Agency, No. of seats:	
(ii)	Incubation Area (Sq. Ft.) available for the Implementing Agency, if any:	

## 5. Technical Details

S. No.	Parameters	
1.	Number of start-ups/entrepreneurs incubated till date	
	<ul><li>a) Physical incubates</li><li>b) Virtual incubates</li></ul>	
2.	Number of start-ups raised external funding (if yes, name of the Startup, Investor and Funding amount)	
3.	Number of Products/ Technologies commercialised	
4.	Number of Customers onboarded (Provide List of Customers for incubated startups)	
5.	Sector focus, if any (like Healthtech/ Fintech/ Agritech/ Edtech/ others)	
6.	Number of mentors onboarded (List of mentos including Names, Designation, Organisation, Area of Mentoring)	
7.	List of team members along with their designation and expertise	
8.	Does the IA have any Entrepreneurship-Cell/ Innovation-Cell inside its premise. If Yes, details thereof	
9.	Are the Innovations labs/Infrastructure/current facilities available for start-ups/Innovators. If Yes, details thereof.	
10.	Number of training programs organized for start- ups/innovators	
11.	Number of awards received by incubated start- up/innovators from recognized institutions	
12.	Whether Center/Institution has availed any prior benefits from any Government Scheme related to start-ups, if yes, please specify.	

## 6. **DOCUMENTS TO BE ATTACHED**

- 1. Business Plan of the IA for GENESIS Scheme
- a. The Business Plan to be attached must be either in a word/pdf document.
- b. The Business Plan must not exceed more than 2/3 pages.
- 2. The Business Plan must include following components:
- a. Executive Summary of the IAs.
- b. The core strengths of the Center/ Institute and the achievements of the Implementing Agency till date.
- c. Describe the local/regional innovation ecosystem.
- d. Acceleration model being adopted (including selection, exit, seed fund).
- e. Details of Start-up/ innovators Engagement Programs, Workshops, Market Outreach Programs, other networking events for start-ups/Innovators, if any. Please provide detailed description of the methodology, stakeholders and partners involved for organizing such events.
- 3. Annexures to be attached with the Business Plan:
- a. Incorporation/ Registration Certificate of the Implementing Agency.
- b. Audited Financial Statements (past 1/2 financial years).
- c. Provide profiles of up to 10 top start-ups till date.

- 7. Terms and Conditions to be agreed upon by the Implementing Agencies for implementation of GENESIS
- (i) An External Committee to be formed for selection of start-ups/innovators and distribution of fundings.
- (ii) The Implementing Agency will provide the copy of agreement between the Implementing Agency and start-ups/innovators under the scheme.
- (iii) Real time update to be made available on progress of the start-ups on the designated platform.

All the information provided here is correct and to the best of my knowledge. I have read and agree to the Terms & Conditions and I accept the same.

SUBMIT
Name of the Authorized Signatory
Designation
Date
Place