

HINDUSTAN COLLEGE OF ARTS & SCIENCE INCUBATION FORUM (HCASIF)

STARTUP APPLICATION FORM

Application No.: _____

Date: ____ / ____ / ____

SECTION A – APPLICANT DETAILS

1. Personal Information

- Full Name: _____
 - Gender: _____
 - Date of Birth: _____
 - Mobile Number: _____
 - Email Address: _____
 - Aadhaar Number (Optional): _____
 - Residential Address: _____
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2. Academic Details

- Institution/Organization: _____
 - Department: _____
 - Course/Designation: _____
 - Year of Study (if applicable): _____
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SECTION B – STARTUP INFORMATION

1. Startup Profile

- Name of Startup: _____
- Proposed/Registered Startup: ☐ Proposed ☐ Registered
- Date of Establishment: _____
- Stage of Startup:
 - ☐ Idea
 - ☐ Prototype
 - ☐ MVP
 - ☐ Early Revenue
 - ☐ Growth Stage

2. Startup Sector

Tick the appropriate category:

- ☐ Biotechnology
 - ☐ Healthcare
 - ☐ Agriculture
 - ☐ Food Technology
 - ☐ Artificial Intelligence
 - ☐ Data Science
 - ☐ Information Technology
 - ☐ Cyber Security
 - ☐ FinTech
 - ☐ EdTech
 - ☐ Environmental Technology
 - ☐ Renewable Energy
 - ☐ Manufacturing
 - ☐ Electronics & IoT
 - ☐ Robotics
 - ☐ Social Innovation
 - ☐ Creative Industries
 - ☐ Tourism
 - ☐ Retail & E-Commerce
 - ☐ Other: _____
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SECTION C – FOUNDER DETAILS

Founder

- Name: _____
- Designation: _____
- Qualification: _____
- Experience: _____
- Mobile: _____
- Email: _____

Co-Founder Details (if applicable)

Name Role Qualification Equity %

SECTION D – BUSINESS INFORMATION

1. Problem Statement

Describe the problem your startup aims to solve.

2. Proposed Solution

Explain your innovative solution.

3. Product/Service Description

4. Innovation & Competitive Advantage

How is your solution different from existing alternatives?

SECTION E – MARKET ANALYSIS

Target Customers

Market Opportunity

Competitors

Unique Value Proposition

SECTION F – BUSINESS MODEL

Revenue Model

Pricing Strategy

Sales & Marketing Plan

SECTION G – TECHNOLOGY DETAILS

- Technology Used:
-

- Intellectual Property

☐ Patent Filed

☐ Patent Granted

☐ Trademark

☐ Copyright

☐ None

Details:

SECTION H – CURRENT PROGRESS

Current Achievements

☐ Idea Validation

☐ Prototype Developed

☐ MVP Completed

☐ Pilot Customers

☐ Revenue Generated

☐ Funding Raised

☐ Patent Filed

Details:

SECTION I – FUNDING DETAILS

Have you received funding?

☐ Yes ☐ No

If Yes,

- Amount Raised: ₹ _____
- Source of Funding: _____

☐ Bootstrapped

☐ Friends & Family

☐ Angel Investor

☐ Venture Capital

☐ Government Grant

☐ Other _____

Current Annual Revenue (if any): ₹ _____

Funding Required: ₹ _____

Purpose of Funding:

SECTION J – INCUBATION SUPPORT REQUIRED

Please tick all applicable services.

- ☐ Mentoring
- ☐ Business Development
- ☐ Product Development
- ☐ Prototype Support
- ☐ Laboratory Access
- ☐ Office Space
- ☐ Co-working Space
- ☐ Seed Funding
- ☐ Investor Connect
- ☐ Government Grant Support
- ☐ Startup India Registration
- ☐ StartupTN Registration
- ☐ MSME Registration
- ☐ Company Incorporation
- ☐ Legal Support
- ☐ Intellectual Property Support
- ☐ Branding & Marketing
- ☐ Financial Planning
- ☐ Pitch Deck Preparation
- ☐ Networking Opportunities

- ☐ Industry Connect
 - ☐ International Collaboration
 - ☐ Export Guidance
 - ☐ Other _____
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SECTION K – DOCUMENT CHECKLIST

Please attach the following (where applicable).

- ☐ Resume/CV of Founder(s)
 - ☐ Aadhaar/Identity Proof
 - ☐ Student/Employee ID
 - ☐ Pitch Deck
 - ☐ Business Plan
 - ☐ Prototype Photographs
 - ☐ Certificate of Incorporation
 - ☐ PAN
 - ☐ GST Certificate
 - ☐ Startup India Certificate
 - ☐ StartupTN Registration
 - ☐ MSME/Udyam Registration
 - ☐ Financial Statements
 - ☐ Patent Documents
 - ☐ Other Supporting Documents
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SECTION L – DECLARATION

I hereby declare that all the information furnished in this application is true and correct to the best of my knowledge. I understand that any false information may result in rejection of my application. I agree to abide by the rules and regulations of the Hindustan College of Arts & Science Incubation Forum (HCASIF).

Place: _____

Date: _____

Signature of Applicant

Name: _____

FOR OFFICE USE ONLY

Application Number: _____

Date Received: _____

Screening Committee Remarks:

Recommendation

☐ Accepted for Pre-Incubation

☐ Accepted for Incubation

☐ Kept on Hold

☐ Rejected

Mentor Assigned:

Incubation Period:

Authorized Signatory

HCAS Incubation Forum (HCASIF)

Signature & Seal