



Hindusthan Innovative Product Devolvement Society (HIPDS)

		Application of Entrepre	eneur/ Incubatee
1.	App	licant Information	
	i.	Applicant (entrepreneur) name	
	ii.	Age	
	iii.	Educational Qualifications	
	iv.	Postal Address	
	٧.	Telephone/mobile	
	vi.	Fax:	
	vii.	Email:	
	viii.	Website (if any)	
	ix.	Current professional /employment status	
2.	Con	npany Information	
	Hav	e you registered as company/firm	Yes/No
	If Ye	es give details	
	i.	Name of company/firm	
	ii.	Company Address	
	iii.	Registration details	





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3.	Pro	ject Information		
	A	A. Details of proposed Idea / Innovation		
	i.	Title of the Idea / Innovation		
	ii.	Category of technology/ innovation (specify process/ product/ new application / other) Specify the potential areas of the		
	iii.	application		
	iv.	Specify newness / uniqueness of the innovation (Better performance/ New features/ Improvements)	annexure I	
	V.	Mentioned the relevant product exist in market? market potential?	annexure II	
	E	3. Current Development Status of innovat	tion	
			Idea	
			Concept Design	
		What is the current status of the	Fabrication	
	i.	innovation / product / service?	Assembly	
		·	Testing	
			Marketing Plan	
			Production	
			Launch	





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	ii.	Project development plan for prototype	annexure I	II
	iii.	Specify the total period required form idea to field testing of product		in months
	c. Fi	nancial Requirements		
	i.	Business plan for your product	annexure l'	V
	ii.	What level of funding is required for making a prototype	Rs	
	iii.	Budget include design/ prototype development/ lab/ bench scale production /professional services/hiring staff/ trials/test marketing/ miscellaneous	annexure \	/
4.	Oth	er Related Information		
	i.	Information on Patents filed/granted (if any)	Yes/No	If Yes :annexure VI
	ii.	Any awards or recognition related to the innovation	Yes/No	If Yes :annexure VII





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nd mentors/guides in your innovative		
roject. If so give name and complete	Yes/No	If Yes :annexure VIII
ontact address with phone and e-		
ail)		
lease include any further	Yes/No	If Yes :annexure IX
formation that you wish to		
ommunicate to us to help us in		
dging your application		
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