

PROJECT PROPOSAL

[Title]

for

Ram- Eesh Innovation Grant



By

[Applicant Name]

[Institute Name]

Application of Innovator

1. APPLICANT INFORMATION

A) Applicant's name :

B) Institute name :

C) Course :

D) Year/Class :

E) Age:

F) Educational Qualifications:

G) Postal Address:

H) Mobile:

I) Email :

J) Co-applicant's name :

K) Institute name :

L) Course :

M) Year/Class :

N) Age:

O) Educational Qualifications:

P) Postal Address:

Q) Mobile:

R) Email :

S) Mentor details :

T) Institute name :

2. PROJECT INFORMATION

A. Details of Proposed Idea / Innovation

- A1) Title of Idea/innovation
- A2) Category of innovation (Process/Product/new application)
- A3) If the idea involves use of existing intellectual property/patent(s), Give details of such IP/patents) and current status of its commercialization
- A4) Specify the potential areas of application in industry/market
- A5) Specify newness / uniqueness of the innovation (in terms of better performance/ new features/ improvements in already existing product). Also mention what is already available in the market and what value it would add in market?

B. Current Development Status of Innovation

- B1) What is the current development status of the innovation/ product or service offering? (whether still an idea or ready to launch)
- B2) Specify the time in months required for innovation to be completely developed for field testing/ ready for intended end-user?

C. Financial Requirements

- C1) Do you have a business plan for taking innovation from lab to market? (attach a copy)
- C2) What level of funding is required for making Innovation market ready?

S.No.	Items	Likely Expenditure (Rs)
	Total	

C3) Please give activity-wise break-up in detail.

3. OTHER RELATED INFORMATION

- A) Are there any team members/ partners and mentors/ guides in your innovative project apart from host Institute. If so give name and complete contact address with phone and e-mail)
- B) Information on Patents filed / granted (if any)
- C) Any awards or recognition related to the innovation
- D) Please include any further information that you wish to communicate to us to help us in judging your application

4. OTHER

I, _____, hereby certify that the information furnished in the application form from item 1-4 is true, complete and to the best of my knowledge.

Signature of the Applicant

Date and Place:

5. RECOMMENDATIONS OF THE DEPARTMENTAL COMMITTEE

Sr. No.	Name of the Committee member	Recommendations (Y/N)	Remarks if any	Signature with Date

6. RECOMMENDATIONS OF THE CENTRAL COMMITTEE

Sr. No.	Name of the Committee member	Recommendations (Y/N)	Remarks if any	Signature with Date

7. RECOMMENDATIONS AND APPROVAL BY THE MANAGEMENT