



चौधरी चरण सिंह विश्वविद्यालय, मेरठ
CH. CHARAN SINGH UNIVERSITY, MEERUT
Startup Cell & Incubation Centre

Date: 14-02-2022

To,
The Heads/ Coordinators,
All Departments/ Institutes,
C.C.S. University Campus,
Meerut.

Sir/ Madam,

The University has established a "Startup Cell & Incubation Centre" (SCIC) in the University Campus. It is a step towards "Atam Nirbhar Bharat" & Skill India" Schemes of Indian Government , as also the implementation of Startup Policy of UP Government.

The Honourable Vice Chancellor of our University has taken a keen interest in promoting innovative ideas and emerging startups in the University Campus and its affiliated colleges.

As a first step in this direction, the Startup Cell & Incubation Centre of C.C.S. University, Meerut is inviting proposals for startups from the students, faculty and staff of the University Campus. It is to encourage Innovation/ Startups among the University campus students and faculty.

You are requested to kindly circulate this letter among the students, faculty and staff of your department and encourage them to submit their proposals. After proper scrutiny of these proposals by experts, potential proposals will be given help in terms of recognition/ awards/ guidance/ expert advice.

The proposals for startups can be submitted in the **attached prescribed format** duly signed and forwarded by the Head/ Cordinator of the Department/ Institute **latest by February 28, 2022, 5 PM.**

The MS WORD file of this format can be downloaded from shorturl.at/kxNU2

A request for the MS WORD file of this format can also be sent to the email CCSUSCIC2022@GMAIL.COM. The format will be sent back in one working day.


14/2/22

(Prof. Hare Krishna)
Coordinator, SCIC



Chaudhary Charan Singh University, Meerut
Startup Cell and Incubation Center (SCIC)
Institute's Innovation Council (IIC)

Application for Startup proposal

Note: Fill this form. Take a print out and sign on each page. Get it signed and forwarded by the Head/ Coordinator of your Department/ Institute/ Section. Scan it into a PDF file and email to CCSUSCIC2022@GMAIL.COM latest by February 28, 2022, 5 PM. Also, submit the hard copy to Mr. Israa Ahmed Khan, (Mob. No. 9719244786) in the office of the Director, SCRIET.)

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Applicant's information:

Full Name:

Department/Branch:

Age/DOB:

Mobile:

Email:

Postal address / Residential Address:

City:

Pin code:

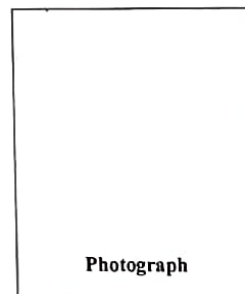
State:

Educational Qualification (Class in case of student):

Proposed name of Start-Up

Focus Area/ sector:

Whether Product/ Process/ New application/ Other:



Technology proposed:

Stage of your business (Tick the option)

- a. Idea b. Pilot Stage c. SEED Stage d. Pre-Revenue e. Growth Stage

- i. State your business plan and the targeted City/ Village / Region?

- ii. Specify the reason of your belief that this business is good and will succeed in your City/Village /Region?

- iii. Specify your potential customers and marketing tools will you use to sell your products or service?

- iv. Are there competitors for this business? If so, what is your competitive edge? (Why would they come and buy from you and not your competitor?)

- v. How much money do you need to develop prototype and then to start this business?

- vi. Have you estimated your Project cost? Do you need any machinery or capital item for starting of your venture? If yes, please specify the same with the purpose.

Technology Details:

Do you need to develop a technology for your idea? Kindly elaborate.

Do you need Lab, mentor, and assistance to develop this technology? Please describe?

Your Team-mates (Mention the details, if any.)

Full Name:

Full Name:

Date of Birth:

Date of Birth:

Mobile:

Mobile:

Email:

Email:

Dept./Branch

Dept./Branch

I certify that the information contained in this application is correct to the best of my knowledge.

Any Other Information you want to mention, which is not covered here (Max. 1000 words). You can also attach relevant annexures.

Name of Applicant:

Signature of Applicant:

Date:

Place:

Forwarded by Head/ Coordinator of the Department (with Seal)

Signature:

Name:

Department:

Seal: