

Format of application for Assistance under 'MP Startup Policy and Implementation Scheme 2022' for Incubation Centre based out in Madhya Pradesh (Rule___)

Common Registration Form:

Introduction:

Incorporation Number*	
Incorporation Date	
Name of the Incubator	
Name of the University/Organization in which Incubator is situated	
Thrust Area/Sector Focus if any	
Incorporation Structure - Society (under The Societies Registration Act, 1860) - Section 8 Company (under The Companies Act, 2013) - Private Limited Company (under The Companies Act, 2013) - Public Company (under The Companies Act, 2013) - Limited Liability Partnership (under The Limited Liability Partnership Act, 2008)	
Incubator's Address	
Incubator's Email ID	
Incubator's Mobile Number	
Incubator's Website URL	
Incubator Floor Area (in sq. Ft)	
Total Manpower for O&M	
Supporting Document upload	<ul style="list-style-type: none"> • Registration Certificate of the Incubator • Memorandum of Association and Article of Association of the Incubator • Audited statement of the Incubator (Last 1 Year) • Annual report of the Incubator (Last 1 Year, If applicable) • PAN and TAN card • Aadhar Card of the Director/CEO • Layout and Pictures of the Incubator • Incubator Bank Account Cancelled Cheque • Annexure A – Affidavit
Bank Account Details	<ul style="list-style-type: none"> • Name as given in Account • Account No. • IFSC Code • MICR Code • Name of bank with complete branch address

Existing Funding status:

Recipient of any other grant from the government (Central/State)	Name of the Program/Scheme	Agency Name (Central/State)	Grant currently active (Yes/No)	Total sanctioned amount (in Rs.), sanctioned date, duration of the grant.
--	----------------------------	-----------------------------	---------------------------------	---

ministry/organisation for establishment of TBI/Incubators?				
--	--	--	--	--

Details of the Nodal Person:

Authorized person	
Full Name	
Current Designation	
Email Id	
Mobile Number	
Brief Profile to be uploaded (not more than 1 page)	

Additional Incubator' details:

Number of incubated startups promoted so far	Physical: Virtual:
Number of Graduated Ventures in operation as on date	
Employment generated (Incubatee & Graduated)	
Awards at different levels won by incubatees (Regional /National / Global)	
Awards won by Incubator / Incubation teams - for proficiency in Incubation field (Regional / National / Global)	
Total Funding raised by Incubator for startups	
Total number of patents granted for Start- ups who are currently being incubated or have graduated	
Total built-up area dedicated exclusively for incubator as on date (in sq. ft.)	
Number of professional staff - full time employed by Incubator (Admin & part time staff is not included)	
Total number of Employees who are MP Domicile	

Form for availing benefits under scheme

(I) Reimbursement for Capacity Enhancement of the Centre: -

Supporting Documents:

1. Approved layouts and related permission documents for before capacity enhancement and after capacity enhancement.
2. Pictures of the space before capacity enhancement and after capacity enhancement.
3. Undertaking from the CEO/Head of the institute stating the capacity enhancement highlighting the additional space, growth in number of seat and total capital invested and reimbursement expected for the centre.

Description	Space before capacity enhancement (sq. ft.)	Space after capacity enhancement (In Sq. ft)	Expenditure Head (Cost for Enhancing the Facility)	Grant required In Rs. (In Lakhs/Upper limit Rs. 5 Lakhs)	Contribution from the Incubator In Rs. (In Lakhs)	No. of seats before capacity enhancement	Number of seats after capacity enhancement
Incubation Space (Cubicles)			Renovation/furnishing of space for Incubators (Incubation Cubicles and Spaces)				
Conference Room		Not Required					
Meeting Room		Not Required					
Cafeteria		Not Required					
Office Space/Lab		Not Required					
Total			Total				

(II) For Organising Event

Name of the incubator		
Type of Event	a. Accelerator Program b. Hackathon c. Demo Day d. Any other(Specify)	
Name of the Event		
Date of the Event	From: _____, To: _____	
Number of Days	_____	
UPLOAD PROPOSAL as per below format		
Program Partners	a. Names and brief profiles of the proposed Program Partner (s) b. Details of in-kind and cash commitments being made by the Program Partner (along with letter of intent / commitment letter)	
Preparedness to run the Proposed Program	. Details of the Incubators experience of running proposed or similar type/scale programs involving scouting, outreach, mentoring and fund-raising support to startups . Details of the tentative team proposed to be involved in running the Proposed Program, including details of the program lead who will spend substantially all time in running the program smoothly. . Details of experience of providing seed-fund/fund raising support to startups and success stories along with startup certified testimonials (Min 5)	

	<ul style="list-style-type: none"> · Case studies of incubator supporting its existing / graduate incubates of the incubator (max 5) 	
Provide details of different aspects of the program including:	<ul style="list-style-type: none"> · Tentative dates and timelines of the program · Details of different phases of the program · Mention Key Performance Indicators targets expected from the proposed program (Below is the list of suggestive KPIs, Incubator shall identify and mention KPIs as per the proposed program: · Expected number of ideas that will be scouted and crystallized through the application process · Expected number of ideas that will be evaluated and provided feedback · Expected number of ideas that will be provided mentoring support · Expected number of ideas that will be trained through the boot-camp / program · Expected number of ideas that will be provided prototyping and/or seed-funding support · Expected number of ideas that will be absorbed for incubation by other TBIs · Expected number of ideas that will raise external validation / capital 	

Proposed Cost	Items of Expenditure	Expected Contribution from the Nodal Agency	Contribution from the Incubator	Contribution from the Program Partners
	Manpower (Mentoring Cost)			
	Travel			
	Marketing, promotion, and publicity			
	Networking and Training programmes			
	Other Administrative Expenses including consumables, printing, publications, books, journals, etc.			
	Miscellaneous and Contingencies			
	Add any other			

(III) For Startup Funding

A. Startup Profile:

DPIIT Recognition Number of Startup	
Name of the Entity	
Nature of Entity	
Industry	
Sector	
Corporate Identification Number	
Incorporation/Registration Date	
PAN Number	
Startup Address	
Name of Representative (Startup)	

Designation	
Mobile No.	
Email ID	
Type of Incubation	Virtual/Physical/Hybrid
Startup Incubated from	Date from
Startup Incubated to	Date To
Upload Incubator - Startup Agreement	
Self-Attested Letter of recommendation from the Startup highlighting the support provided by the incubator including support for fund raising	
Add Any other Supporting documents	

B. Funding Raised by Startup Highlighting Incubator Facilitation Activity:

Funding Details (Please give details of the funding details received by the Startup during incubation)							
	Date	Amount (in ₹)	Financial Instrument	Select (Grant/Debt/Equity)	Name of Funding Agency	Funding Agency Type (Government/Corporate/VC/Angel)	Expected Grant from the Nodal Agency for supporting Startup - Rs. (In Lakhs) (Upper Limit: Rs, 5 Lakh)
Add More							

I, on behalf of my organisation, hereby declare the following:

1. Information, statements & other documents given herein are to the best of my knowledge & belief, true and correct in all particulars.
2. I declare that should I intend to avail capital assistance in this Scheme, I will be running the incubation facility for a minimum of 5 years. I will also submit audited financial statements of my incubation centre every year to the Nodal Agency/Policy Implementation Agency within 4 months of the preceding financial year.
3. I am duly authorized to sign an application and details and documents submitted in this application.
4. I undertake that our incubator will be based in Madhya Pradesh and above sought incentives shall not be claimed from any other policies/schemes of Government of Madhya Pradesh during the Madhya Pradesh Startup Policy and Implementation Scheme 2022 applicable period.

Signature of Authorized Signatory

Annexure A

(On the Letter head of the Applicant)

AFFIDAVIT (To be submitted on Non-Judicial Stamp Papers)

I _____ (Son/Daughter/Spouse) of Mr./Mrs. _____, resident of _____ <Address> _____ do hereby affirm and self-declare as under:

1. That I am the Director/CEO of the Incubator M/s _____ having it's Company/Society Registration No: _____ and registered as (Society/Section 8/Pvt. Ltd/LLP).
2. We have applied to for _____ incentive under Madhya Pradesh Startup Policy and Implementation Scheme 2022.
3. With reference to the Madhya Pradesh Startup Policy and Implementation Scheme 2022, we, having examined the Application and Policy document and understood their contents, hereby submit our application for the aforesaid assignment. This application is unconditional.
4. All information provided in the application and in the appendices is true and correct.
5. This statement is made for the express purpose of showing interest as an applicant for undertaking the assignment.
6. We shall make available to Industries Commissioner, Department of MSME, Government of Madhya Pradesh any additional information it may find necessary or require supplementing or authenticate the application.
7. We acknowledge that application is a process to identify and shortlist the beneficiary of the respective incentive.
8. We also understand that based on the Application, shortlisting process, and due diligence the respective applied incentive will be awarded.
9. We understand that you may cancel the application process at any time and that you are neither bound to accept any application that you may receive nor to invite the applicants to apply for the assignment, without incurring any liability to the applicants, in accordance with the Policy and application document.
10. We declare that we are not a member of any other firm applying for this assignment.
11. I undertake that our Incubator:
 - a. is based in Madhya Pradesh will have registered office in Madhya Pradesh
 - b. will submit audited financial statement of my incubation centre every year to the Nodal Agency/Policy Implementation Agency within 4 months of the preceding financial year.
 - c. Will submit quarterly progress report of the incubation centre till 5 years.
 - d. Is not availing similar assistance from any other policies/schemes of Government of Madhya Pradesh during the Madhya Pradesh Startup Policy and Implementation Scheme 2022 applicable period
12. Information, statements, and documents given herein are to the best of my knowledge & belief, true and correct in all particulars.
13. I am duly authorized to sign an application and details and documents submitted in this application.

Yours sincerely,

Authorized Signature:

Name and Title of Signatory: Name of the Applicant, Address, Telephone:

Seal of the Company