



**National Research Development Corporation**  
**An Enterprise of Department of Scientific & Industrial Research,**  
**Ministry of Science & Technology, Govt. of India**  
**20-22, Zamroodhpur Community Centre**  
**Kailash Colony Extension, New Delhi - 110048**  
**Tel: +91-11-29240401-08**

**Application for Registration of Start-ups at Incubator-NRDC**

1. Name of the Entity:
2. Corporate Identification Number:
3. Name of the Promoters:

Name Address PAN card details Adhaar card details Email-Id Mobile No.	Name Address PAN card details Adhaar card details Email-Id Mobile No.
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4. Brief background/Domain Knowledge of the Promoters:

5. Name of the technology/process/product which is to be incubated at NRDC:
6. Brief description about your technology (Focussing on the Novelty/Innovation/USP):
7. Business plan in brief:  
Kindly, fill NRDC B Plan format
8. What kind of incubation are you looking for: *Physical* OR *Virtual* and Why?
9. At what stage of development is your technology(ideation/ Validation/Prototype/Traction/Scalability):
10. Please provide the scope of employment generation through your start-up:
11. Have you applied for incubation/funding from other agency in India or Abroad, If Yes please provide the relevant details here:
12. If you are interested to choose a technology/IP from NRDC, please indicate the area/name of the technology.(For more details on the technologies available you may visit our website or come in person to NRDC office and discuss with the concerned technical officer)
13. Any other information you would like to provide

**(Signature of the Applicant)**

NOTE: On allotment/engagement with NRDC a separate agreement needs to be signed by the incubatee company.



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**NRDC INCUBATION CENTRE**  
**B-PLAN APPLICATION FORM**

	YOUR ORGANIZATION
APPLICANT:	
COMPANY NAME:	
BUSINESS REGISTRATION NUMBER:	
BUSINESS POSTAL ADDRESS:	
BUSINESS STREET ADDRESS:	
CONTACT DETAILS (PHONE, FAX, E-MAIL AND WEB IF AVAILABLE)	
BRIEFLY DESCRIBE YOUR COMPANY:	

**PRELIMINARY BUSINESS PLAN**

	OPPORTUNITY
WHAT TYPE OF OPPORTUNITY IS IT? (E.G.: WIRELESS TECHNOLOGY, ONLINE/INTERNET SERVICE)	
HOW DID THE OPPORTUNITY/CONCEPT COME ABOUT? PLEASE PROVIDE US WITH A BRIEF HISTORY.	
DESCRIBE THE PRODUCT'S OR SERVICE'S UNIQUE FUNCTIONALITY, TECHNICAL RISKS, LIMITATIONS, ETC	
DESCRIBE THE COMPANY'S COMPETITIVE ADVANTAGE	

	MARKET
WHAT PROBLEM ARE YOU SOLVING FOR CUSTOMERS?	
HOW ARE YOU GOING TO SOLVE IT?	
HAVE YOU UNDERTAKEN ANY MARKET RESEARCH?	YES/NO  IF YES PLEASE TICK WHAT THE RESEARCH COVERED: <input type="checkbox"/> COMPETING PRODUCTS <input type="checkbox"/> SIMILAR PRODUCTS <input type="checkbox"/> SIMILAR BUSINESS MODELS <input type="checkbox"/> SIZE OF MARKET (VALUE) <input type="checkbox"/> DEMOGRAPHIC

	<input type="checkbox"/> OTHER – PLEASE DESCRIBE  PLEASE ALSO DESCRIBE WHAT RESEARCH WAS UNDERTAKEN AND USE THE RESULTS OF THE RESEARCH TO INFORM YOU ANSWERS TO SUBSEQUENT MARKETING QUESTIONS:
WHAT MARKET SEGMENT ARE YOU GOING TO TARGET?	
WHAT IS THE SIZE AND GROWTH RATE OF THIS MARKET?	Please detail market assumptions with factual information backing assumptions as appropriate. Size: Growth rate:
HOW ARE PREDICTED INDUSTRY TRENDS GOING TO AFFECT THE BUSINESS?	
WHAT PROBLEM ARE YOU SOLVING FOR CUSTOMERS?	
WHAT ARE YOUR MARKET ENTRY STRATEGIES?	
HOW WILL YOU MAINTAIN AND DEVELOP YOUR MARKET?	
WHAT IS YOUR MARKETING MIX	
HOW THE CUSTOMER BE FOUND AND RETAINED?	
DOES THE MARKET APPEAR VIABLE/ACCESSIBLE? IS IT PROVEN?	
WHAT ARE THE BARRIERS TO MARKET ENTRY, CAN THESE BE OVERCOME, AND HOW?	
ARE THERE EXISTING MARKETING AND DISTRIBUTION CHANNELS?	
WHAT IS YOUR UNIQUE SELLING PROPOSITION (USP)?	
HOW LONG WILL IT TAKE TO GET THE PRODUCT/SERVICE TO MARKET?	
IS THIS PRODUCT OR SERVICE THE FIRST IN THE MARKET?	
WHAT IS THE PRODUCT OR SERVICE LIFECYCLE?	
HOW COULD ADVANCING TECHNOLOGY CHANGE THE MARKET?	

	COMPETITORS
WHO ELSE IS IN YOUR PLANNED MARKET? HOW ARE CUSTOMERS CURRENTLY SOLVING THE PROBLEM YOU PROPOSE TO ADDRESS?	
WHY ARE CUSTOMERS GOING TO BUY FROM YOU?	
WHAT ARE THE BARRIERS TO ENTRY FOR COMPETITORS?	

	INTELLECTUAL PROPERTY
IS THE TECHNOLOGY PROTECTABLE? (YES / NO) IF YES "HOW IS THIS INTELLECTUAL PROPERTY CURRENTLY PROTECTED?"	
DO YOU REQUIRE INTELLECTUAL PROPERTY PROTECTION? YES / NO IF YES: <ul style="list-style-type: none"> <li>• WHAT TYPE OF PROTECTION?</li> <li>• WHAT WILL BE THE IP PROTECTION COST?</li> </ul>	
WHAT KIND OF INTELLECTUAL PROPERTY DO YOU OWN? PLEASE PROVIDE DETAILED INFORMATION (PATENT, COPYRIGHT, DESIGN, TRADE SECRET)	
DOES BUSINESS SUCCESS DEPEND ON ANY EXTERNAL INTELLECTUAL PROPERTY? YES / NO IF YES: <ul style="list-style-type: none"> <li>• WHO OWNS THE IP?</li> <li>• DOES THE BUSINESS HAVE LICENSES OR AGREEMENTS IN PLACE? YES/NO <ul style="list-style-type: none"> <li>○ IF YES, PLEASE DESCRIBE:</li> </ul> </li> </ul>	
IS THERE A SUSTAINABLE TECHNICAL OR PROPRIETARY COMPETITIVE ADVANTAGE FOR THE PRODUCT OR SERVICE? YES / NO IF YES, PLEASE DESCRIBE:	
HAVE YOU REGISTERED DOMAIN NAMES? IF YES, WHAT ARE THEY AND IN WHAT COUNTRIES?	

	TECHNOLOGY
WHAT TYPE OF TECHNOLOGY ARE YOU USING? PLEASE DESCRIBE THE TECHNOLOGY YOU ARE USING.	
DESCRIBE HOW THIS TECHNOLOGY APPLIES TO YOUR TARGET MARKET	
ARE SOFTWARE DESIGN AND TECHNOLOGY CERTIFICATION PROCEDURES IN PLACE? YES / NO IF YES, PLEASE DESCRIBE THE PROCEDURES AND THEIR APPLICATION:	
ARE PRODUCT DEVELOPMENT PROCEDURES IN PLACE? YES / NO IF YES, PLEASE DESCRIBE:	
ARE TESTING PROCEDURES IN PLACE? YES / NO IF YES, PLEASE DESCRIBE:	
HAS THE TECHNOLOGY PROVEN TO BE FEASIBLE? YES / NO IF YES, PLEASE DESCRIBE:	
PLEASE IDENTIFY AND DESCRIBE COMPETING TECHNOLOGIES (CURRENT, AND ANTICIPATED FUTURE)	

	ACCOMPLISHMENTS TO DATE
AT WHAT STAGE OF DEVELOPMENT IS YOUR BUSINESS?	PLEASE CHOOSE ONE OF THE FOLLOWING: <input type="checkbox"/> UNDERTAKING PRE-BUSINESS RESEARCH AND DEVELOPMENT, OR TESTING AN IDEA; <input type="checkbox"/> WORKING ON A PROTOTYPE; <input type="checkbox"/> PRODUCT OR SERVICE IN ADVANCED DEVELOPMENT (BETA TESTING); <input type="checkbox"/> IN THE PROCESS OF ESTABLISHING A NEW BUSINESS FOR A READY-TO-MARKET PRODUCT OR SERVICE; <input type="checkbox"/> IF YOU HAVE HAD ANY SALES, PLEASE INDICATE GROSS REVENUES TO DATE <input type="checkbox"/> AN UNOFFICIAL BUSINESS; <input type="checkbox"/> RE-ESTABLISHING, RE-BRANDING

	OR RE-POSITIONING AN EXISTING BUSINESS PLEASE INDICATE YOUR GROSS AND NET REVENUE RANGE AND ATTACH FINANCIAL STATEMENTS FOR THE BUSINESS
HOW LONG HAVE YOU/YOUR TEAM BEEN WORKING ON THE CONCEPT?	
DO YOU HAVE ANY CURRENT CUSTOMERS? YES / NO IF YES, PLEASE DESCRIBE: <ul style="list-style-type: none"> <li>• HOW MANY?</li> <li>• ARE THEY PAYING CUSTOMERS?</li> <li>• HOW MANY ARE REPEAT CUSTOMERS?</li> </ul>	
WHAT RECOGNITION HAVE YOU ACHIEVED TO DATE? PLEASE LIST:	
DO YOU HAVE ANY STRATEGIC ALLIANCES? IF YES, WHO ARE THEY AND WHAT TYPE RELATIONSHIP DO YOU HAVE (I.E. EQUITY TRANSFER, LICENSE AGREEMENT)?	

	BUSINESS MODEL
HOW ARE YOU GOING TO MAKE MONEY? FOR EXAMPLE, ADVERTISING, TRANSACTIONS FEES, FEE FOR SERVICE, SUBSCRIPTION BASED, ETC. LIST ALL YOUR REVENUE STREAMS AND THEIR RELATIVE IMPORTANCE.	
WHO IS GOING TO PAY YOU FOR THE SERVICE/PRODUCT? FOR EXAMPLE, THE END USER USES THE SERVICE FOR FREE AND ADVERTISERS ARE THE ONES WHO PAY YOU	
HAVE THESE ASSUMPTIONS BEEN TESTED? (YES / NO) IF YES, PLEASE PROVIDE A DETAILED DESCRIPTION, EXAMPLES AND REFERENCES FROM USERS:	
ARE FINANCIAL PROJECTIONS AVAILABLE? (YES / NO) IF YES, PLEASE ATTACH.	



IF NO, CONSULT NRDC INCUBATION MANAGER TO DEVELOP THESE	
WHAT IS YOUR ANTICIPATED TIME TO BREAK-EVEN?	

	COMPANY BOARD
IS AN OPERATION BOARD IN PLACE (YES / NO) IF YES, PLEASE LIST YOUR BOARD INCLUDE QUALIFICATIONS AND EXPERIENCE:	
DOES THE COMPANY BOARD MEET REGULARLY? (YES / NO) IF YES: <ul style="list-style-type: none"> <li>• LIST FREQUENCY OF MEETINGS</li> <li>• WHAT REPORTS ARE PROVIDED TO THE BOARD? (PROVIDE EXAMPLES E.G.: STATUS REPORTS, FINANCIAL STATEMENTS (E.G. INCOME STATEMENT, BALANCE SHEET))</li> </ul>	

	MANAGEMENT TEAM
PLEASE LIST YOUR MANAGEMENT TEAM	INCLUDE QUALIFICATIONS AND EXPERIENCE AND COMPLETE ANNEXURE 1
HAVE YOU MANAGED BUSINESSES PREVIOUSLY? (YES/NO) IF YES, PLEASE PROVIDE DETAILS (BUSINESS NAME, BRIEF HISTORY)	
DO YOU HAVE ADVISERS TO YOUR CURRENT BUSINESS? (YES / NO) IF YES, PLEASE DESCRIBE AND PROVIDE DETAILS OF EXPERIENCE	

	TECHNICAL TEAM
PLEASE LIST YOUR TECHNICAL TEAM INCLUDE QUALIFICATIONS AND EXPERIENCE	

	RISK ANALYSIS
HAVE YOU UNDERTAKEN A RISK ANALYSIS PROCESS? (YES / NO) IF YES, PLEASE LIST (E.G.: MANAGERIAL, TECHNICAL, FINANCIAL, MARKET, PRODUCT, DEVELOPMENT, SOVEREIGN RISK)	

<ul style="list-style-type: none"> <li>• WHAT ARE YOUR IDENTIFIED RISKS?</li> <li>• WHAT STRATEGIES HAVE BEEN IDENTIFIED TO MANAGE RISKS?</li> </ul>	
PLEASE PROVIDE A TEMPLATE FOR RISK MATRIX – ISSUE – RANKING (HIGH / MEDIUM/ LOW)	

	INVESTMENT PROPOSAL
WHAT DO YOU REQUIRE TO GET YOU TO THE NEXT LEVEL? FOR EXAMPLE, LEGAL SERVICES, ACCOUNTING SERVICES, ETC. PLEASE BE SPECIFIC.	
HOW MUCH CAPITAL HAS BEEN INVESTED IN YOUR COMPANY TO DATE? INCLUDE COPY OF SHARE REGISTER IF AVAILABLE	
HOW WAS THIS CAPITAL USED? E.G.: WAGES & SALARIES, INSURANCE, PRODUCT DEVELOPMENT, MARKETING, INFRASTRUCTURE (COMPUTERS, TOOLS, ETC), RENT AND OTHER OVERHEADS, VEHICLES. PLEASE ATTACH FINANCIAL STATEMENTS AND A BALANCE SHEET IF YOU HAVE THEM.	
DO YOU HAVE A PLAN TO RAISE FURTHER CAPITAL?	<p>YES / NO</p> <p>IF YES DO YOU HAVE A PREFERRED MECHANISM FOR RAISING CAPITAL?</p> <p><input type="checkbox"/> DEBT FINANCE</p> <p><input type="checkbox"/> WITH INTEREST, OR</p> <p><input type="checkbox"/> WITH A ROYALTY ON GROSS SALES</p> <p><input type="checkbox"/> EQUITY?</p> <p><input type="checkbox"/> FAMILY AND FRIENDS</p> <p><input type="checkbox"/> OTHER (PLEASE DESCRIBE)</p> <p>IF YES:</p> <ul style="list-style-type: none"> <li>• HOW MUCH INVESTMENT IS REQUIRED?</li> <li>• WHEN DO YOU REQUIRE ANY ADDITIONAL FUNDING? FOR EXAMPLE, AT WHAT STAGE DOES YOUR PLANNED BUSINESS DEVELOPMENT</li> </ul>

	<p>STRATEGY REQUIRE FUNDING?</p> <ul style="list-style-type: none"> <li>• DO YOU PREFER A SINGLE INVESTOR / COMBINATION OF INVESTORS?"</li> <li>• HOW MANY ROUNDS OF INVESTMENT ARE PLANNED?" (PLEASE DESCRIBE)</li> <li>• HOW WILL INVESTMENT FUNDS BE UTILIZED?</li> </ul>
WHAT IS YOUR AVERAGE CASH UTILIZATION RATE PER MONTH?	

	<b>EXIT STRATEGIES</b>
DO YOU HAVE AN EXIT STRATEGY FOR THE BUSINESS?	<p>YES / NO</p> <p>IF YES PLEASE SELECT ONE:</p> <p><input type="checkbox"/> TRADE SALE</p> <p><input type="checkbox"/> IPO</p> <p><input type="checkbox"/> REDEMPTION</p> <p><input type="checkbox"/> DON'T KNOW</p>
WHEN DO YOU ANTICIPATE INVESTORS WOULD EXIT?	