



## Osmania Technology Business Incubator

Incubation at **Osmania Technology Business Incubator** (Osmania TBI) is multi-disciplinary, across the sectors and open to all the innovative ideas that need support from the entrepreneurial community to leverage the networks, infrastructure and connects that help rapidly scale up the startup operations.

Applicants must complete this application in its entirety to be considered for acceptance in the Osmania Technology Business Incubator (Osmania TBI). All applicants will be interviewed by a panel of experts and given an opportunity to discuss their business further. Acceptance and participation is accorded at the sole and absolute discretion of Osmania TBI.

### ELIGIBILITY

At least one owner of the business must be the permanent faculty of the Osmania University. Students of graduation, post-graduation, M Phil and Ph D may also be part of the team. Faculty will be provided support on a half yearly or annual term, and must demonstrate adequate progress in order to retain the incubation support in subsequent terms. Faculty without formal business plans are expected to write a plan within 3 months of joining the incubation program.

### REQUIREMENTS

Faculty will be required to participate in the programs designed to improve their business success. This includes meeting atleast monthly with the mentors and attending entrepreneurial speaker events and training workshops.

### ADMISSION CRITERIA

The Incubator shall be accessible to Osmania faculty requiring assistance with their Ideas. The focus of the Osmania TBI is to assist entrepreneurs who demonstrate the greatest chance for success, growth, and adding jobs to the society.

The applicant should be able to meet the following criteria to gain acceptance into the program:

- The faculty should represent a small startup business
- The faculty whose idea is to be incubated will locate their office in Osmania TBI
- The faculty can articulate the business model and entrepreneurial opportunity
- The faculty's business concept is unique
- The faculty agrees to prepare a business plan
- The essential resources needed to start the business are available or can be acquired
- The faculty is willing to adhere to policies and procedures of the Osmania TBI.

Please note that a maximum of **4** individuals per venture would be provided infrastructure and accommodated at the incubation facility located at 2<sup>nd</sup> Floor, CFRD Building, Osmania University, Hyderabad for a maximum period of **2** years. However, at the discretion of the management of Osmania TBI, additional team members can be accommodated. Please fill out the following application if you are interested in the Incubation program of Osmania TBI.



## APPLICATION FORM FOR FACULTY INNOVATORS

**Name/Proposed name of Start-Up/Company\*:**

**Focus Area:**

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*(\* If business entity has not been formed yet, please indicate the name of the Co-Founder of the startup)*

**Name of Lead Entrepreneur** (A separate resume may also be attached)

Full Name:

Designation:

Department & College:

University Emp ID:

Mobile:

Email:

Postal address / Residential Address:

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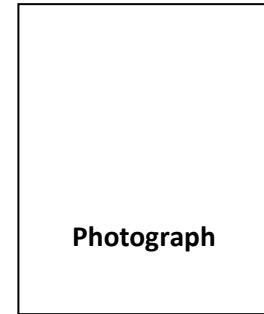
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City: \_\_\_\_\_ State: \_\_\_\_\_

Postal code: \_\_\_\_\_



**Photograph**



## Educational Qualifications

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### Post graduate:

Degree: Year:

Area of Specialization:

University/Institution:

### Graduate:

Degree: Year:

Area of Specialization:

University/Institution:

## About Your business

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**Product:**

**Service:**

**Technology Used:**



### Stage of Your Business:

1. Idea                      2. Pilot Stage                      3. SEED Stage                      4. Pre Revenue                      5. Growth Stage

### Services expected from Osmania TBI

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1. Business Consulting service
2. Marketing Consultancy
3. Prototype Development
4. Administrative Advisory services (CA/Legal)

### About your Team (Also include CV of Each promoters)

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#### Details of Your 2<sup>nd</sup> Co-Founder

Full Name:

Date of Birth:

Mobile:

Email:

Expertise:

Years of Experience:

#### Details of Your 3<sup>rd</sup> Co-Founder

Full Name:

Date of Birth:

Mobile:

Email:

Expertise:

Years of Experience:







If yes, please give the break-up, as below. *(Please give proper justifications for each head; attach separate sheet/s for justifications)*

Pre-Market Expenses	Rs. _____	(Rupees _____)
Prototype Development Cost	Rs. _____	(Rupees _____)
Marketing/Customer Survey	Rs. _____	(Rupees _____)
Working Capital	Rs. _____	(Rupees _____)
Others	Rs. _____	(Rupees _____)
Total	Rs. _____	(Rupees _____)

**List of equipment (if needed) required for the project**

(Note: The equipment available in the University will be identified and access to use those will be arranged; request for procurement of new equipment will not be entertained).

**Have you done market and consumer survey?**

If yes, briefly describe the method and results separately for market and consumer.

Describe your target market, have you done the survey? Please attach the survey result/analysis.



**Give comprehensive details for the following:**

- ◆ **Profitability Analysis**
  
  
  
  
  
  
  
  
  
  
- ◆ **Return on Income / Revenue generation**

**Technology Details:**

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

Is this your technology? Which you will transfer to your newly formed company?

Estimated time to develop this technology?





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

If you have transferred this technology from somewhere else kindly provide the details, such as no objection certificate, technology transfer documents.

What is your arrangement for technology transfer and royalty payment etc. with the technology providing source?

Do you envisage any modification to the original technology obtained from the technology-providing agency? Please describe the same with facilities required for customizing the technology obtained.

Have you done any research or survey to validate your assumption on this?



*Declaration:*

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to incubate me at Osmania Technology Business Incubator (Osmania TBI) / cancel my application / eviction from the Osmania TBI in future, if incubated/pre-incubated. I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education, and qualifications for employment. I also authorize you to request and receive such information. In consideration for my application, I agree to abide by the rules and regulations of the Osmania TBI, which rules may be changed, withdrawn, added or interpreted at any time, at the Osmania TBI's sole option and without prior notice to me. I also acknowledge that my incubation may be terminated, or any offer or acceptance of incubation/pre-incubation withdrawn, at any time, with or without cause, and with or without prior notice at the option of the Osmania TBI, Osmania University or myself.

**Name of Applicant:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Kindly send a hard copy of filled application of this application with required documents to:**

**The Director In-Charge**

Osmania Technology Business Incubator  
CFRD Building, Osmania University  
Hyderabad – 500007, Telangana, India