



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY
National Centre for Innovation in Distance Education**

Idea to Startup Scheme for IGNOU Students

EXPRESSION OF INTEREST FOR STARTUP

Application Form

1. Title of your startup idea/innovation: _____

2. What problem are you trying to solve with this plan? (State the problem your product or service solves)

3. State the key features of your startup idea/innovation which you want to convert in to startup.

4. What are uniqueness of your startup idea/innovation so that others cannot copy it?

5. How your startup idea/innovation works? Give detailed description of the implementation methodology and use of technology.

6. What are the advantages of your startup idea/innovation over the existing related product or process?

7. What is the expected end product/process/output resulting from this idea/invention/innovation?

8. What would be the potential applications of your startup

9. Who are potential users and beneficiaries of your startup?

10. Present status of your startup idea/innovation

a. Have you carried out a search if your startup idea/innovation is patented or already done by others? Yes/No

b. Have you accessed the various resources like team, mentors, financial support etc. you need to implement your startup idea/innovation? If yes, please list them below:

c. Do you have a mentor or an expert near you who can facilitate you in implementing your startup idea/innovation? Yes/No

If yes, please provide the details.

d. Have you tried for getting patent of your startup idea/innovation? Yes/No

If yes, give details.

11. Development Related

a. Have you discussed your startup idea/innovation with some of the users and beneficiaries of your plan? Yes/No

b. How much time will you take to implement your startup idea/innovation? _____

c. If it is only an idea at present, have you done some work?

d. In case of innovation, development work done so far, if any, including involvement of agencies, consultation with experts/mentors, please give details including IPR generated or ownership thereof if any.

e. Will you be working upon the startup idea/innovation in next 12 months? (e.g., design, prototyping, field trial, demonstration, consultancy, if any etc.). Yes/No

f. What type of team you require to implement your idea/innovation? Please list your team.

g. Can you work on implementation of your startup idea/innovation on your own or you have some partners?

12. Marketing Related

Give brief about the scope of demand of your startup idea/innovation in the market?

13. Have you got any or recognition for your startup idea/innovation? If so, please give details.

14. Describe the roundmap/blueprint/plan of action for implementing your startup idea.

15. Any other information relevant to the startup idea/innovation that you wish to furnish.

16. Applicant Details

- i. Name of applicants: _____ Educational Qualifications: _____
- ii. Programme Name: _____ Enrolment Number: _____
- iii. Contact Address: _____

- iv. Mobile: _____ Email: _____
- v. Date of Birth: _____
- vi. Father's/Mother's/Husband's Name: _____
- vii. Name of company and registration no. (if applicable) _____

Declaration

I declare that the information given here is not confidential and the startup idea/innovation is my original work.

(Signature)

Date : _____

Place : _____