



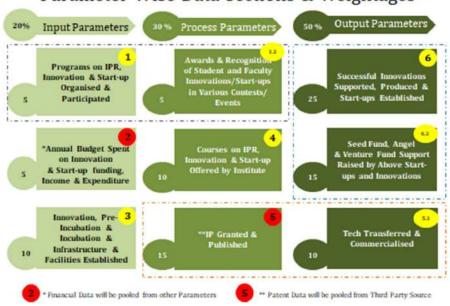




ARIIA 2020 Parameters

- I. Parameter-1: Programs and Activities on IPR, Innovation, Start-up and Entrepreneurship Organised
 - **i. Part -1:** Program Conducted by Institute Related to IPR, Entrepreneurship / Start-ups & Innovation (Data required for Financial Year 2018-19)
 - ii. Part 2: Participation / Representation of Students and (or) Faculties in Events / Programs related to IPR, entrepreneurship / Start-ups & Innovation organized by repute external institutions or agencies at national or international level (Data required for Financial Year -2018-19)
- II. **Parameter 2:** Annual Budget Spent on Innovation & Start-up funding, Income & Expenditure towards Promoting and Supporting Innovation & Start-up in Campus (Financial fields are integrated with other Parameters such as 1, 3, 5.1, 6, 6.1).
- III. **Parameter 3 & 6:** Pre Incubation & Incubation Infrastructure; Successful Innovation and Start-ups; and Funding, Expenses and Income from Innovation & start-ups during the financial year 2018-19.
 - i. Part -1: Innovation, Pre-Incubation & Incubation Centre/Facilities and Services.
 - a. Part 1(a): Innovation, Pre-Incubation & Incubation Centre/Facilities exists in campus
 - b. Part 1(b): Grants / Funds Received by Pre-Incubation & Incubation Centre / Facilities exists in Campus
 - c. **Part 1(c):** Idea / Prototype / Innovation have received Grant / funding from Pre-Incubation / Incubation Centre / Facilities
 - d. Part 1(d): Start-ups have received Grant / funding from Pre-Incubation/Incubation Centre/Facilities
 - ii. Part-2: Co-Incubation Partnership
- IV. **Parameter- 4:** Courses on Innovation, IPR and Entrepreneurship Development Offered by Institute during the Academic Period 2018-19.
- V. Parameter 5: IP Granted and Published; Tech Transfer and Commercialised
 - i. Part -1: Patent Granted and Published (Obtained from Third Party Source)
 - ii. Part -2: Technology Commercialization / Transfer

Parameter Wise Data Sections & Weightages







Program Start Date *

Help: Please mention starting date of program or activity.







- I. Parameter -1: Programs and Activities on IPR, Innovation, Start-up and Entrepreneurship
 - i. Program Conducted by Institute Related to IPR, Entrepreneurship / Start-ups & Innovation (Data required for Financial Year 2018-19)

	innovation (bata required of r maneral real 2010 17)
•	Name of Program (Full Name) *
	<i>Help:</i> Only list the programs or activities related to innovation, IPR and Start-up/ Entrepreneurship conducted by the institute in campus. Please mention Program Name/Title in Full and avoid short form or acronyms.
•	Program Theme * Help: Please select appropriate option from the Drop Down list. You may select multiple options if the program had addressed more than one theme. Please ensure that, mentioned program should be fall into at least any one of the theme.
	Options
	• IPR
	• Innovation
	Start-up/Entrepreneurship
•	Program Type* Help: Please clearly mention the type of program or activity organised by the institute. It can be a workshop /seminar/ exposure visit/ conference/awareness /motivational speak/training/skill development/ Boot camp/Mentoring Session /Orientation Session /Hackathon/B-Plan Competitions /Start-up Conclave/Innovation Contest/ Ideation/Demo Day/Exhibition/ Road Show/Start-up Yatra etc. but it should be focused on either one of the theme such as Innovation, IPR, Start-up and or Entrepreneurship.
•	Program Category* Help: Please select appropriate option from the Drop Down list. If the program or activity was organised in institute and main coordinating body was the department or centre, then it will be classified as Institute Lead Activity. Similarly, if the activity or program was organised by student body of institute as main coordinating body, then it will be classified as Student Lead Activity.
	Options Institute Lead Activity Student Lead Activity
•	Organizing Department/Centre/Student Body Name* Help: Please mention the name of Dept./Centre/Student Body in Full. Please avoid mentioning the name in short form or acronym.











 Program End Date* Help: Please mention the same day. 	n end date of program or activ	vity. Please select same day f	or the program completed in
 Program Duration Help: This will be oprogram. 	(in Days) alculated automatically base	d upon the date selected as	s start and end date for the
 Program Location* Help: Please select a activity was organise 	appropriate option from the led by institute.	Drop Down list based on the	e location where program or
	ts bers of participants includes om the institute took part in		ts bers of participants includes utside the institute took part
program or activity.			
• Student	• Faculty	• Student	• Faculty
	• Faculty	• Student	• Faculty
• Student	• Faculty • er of Participants	• Student	
Student Total Numb Had institute specific program/activity/e Help: Please select Y any agency or spons	er of Participants ent expenses either from	n own resource/received	d fund to organise the ource or fund received from No if, institute had not spent
Student Total Numb Had institute specific program/activity/e Help: Please select Y any agency or spons any expenses and or Total Expense Amo	ent expenses either from event? (Yes/No) * ES if institute spent any expenses orship but channelized through	enses either from its own results of account. Select I through office of account of the Organise the Program (In	d fund to organise the ource or fund received from No if, institute had not spent the institute/centre/unit.











ii.	Participation / Representation of Students and (or) Faculties in Events / Programs related to IPR, entrepreneurship / Start-ups & Innovation organized by repute external institutions or agencies at national or international level (Data required for Financial Year -2018-19)
	N CD CT WW N
•	Name of Program (Full Name) *
	Help: Only list the programs or activities related to innovation, IPR and Start-up/ Entrepreneurship
	conducted by the institute in campus. Please mention Program Name/Title in Full and avoid short form or
	acronyms.
•	Program Theme *
	Help: Please select appropriate option from the Drop Down list. You may select multiple options if the
	program had addressed more than one theme. Please ensure that, mentioned program should be fall into at
	least any one of the theme.
	Options
	• IPR
	• Innovation
	Start-up/Entrepreneurship
•	Program Type*
•	<i>Help:</i> Please clearly mention the type of program or activity organised by the institute. It can be a
	workshop /seminar/ exposure visit/ conference/awareness /motivational speak/training/skill development/ Boot camp/Mentoring Session /Orientation Session /Hackathon/B-Plan Competitions /Start-up Conclave/Innovation Contest/ Ideation/Demo Day/Exhibition/ Road Show/Start-up Yatra etc. but it should be focused on either one of the theme such as Innovation, IPR, Start-up and or
	Entrepreneurship.
•	Organizing Agency / Institute Name *
	<i>Help:</i> Please type full name of the agency or institute who or where program was organised.
•	Organizing Agency Type *
	<i>Help:</i> Please select appropriate option from the Drop Down list based on the type of the agency or institute
	is.
	Options
	o Govt. Agency (Central)
	o Govt. Agency (State)
	 Educational Institute
	o Corporate/Industry Association
	o Non-Govt. Agencies
	o International Agencies
•	Program Start Date *
	O

Help: Please mention starting date of program or activity.











•	Program End Date* Help: Please mention end date of program or activity. Please select same day for the program completed in the same day.
•	Program Duration (in Days) Help: This will be calculated automatically based upon the date selected as start and end date for the program.
•	Participants (Students) * Help: Mention total numbers of student participants from the institute took part in program or activity organised by the agency.
•	Participants (Faculty) * Help: Mention total numbers of faculty participants from the institute took part in program or activity organised by the agency.
•	Total Number of Participants * Help: This will be calculated automatically based upon the total student and faculty participants attended the program.
•	Awards/Recognitions/Achievements * YES/NO Help: Please select YES if student or faculty participant attended the program or activity and received any recognition or award for their innovation or start up or technology developed. Select NO, fi no such recognition or award received.
•	Award / Position / Recognition Secured * Help: Please mention the title of reward Position secured or award or recognition received as result of your participation in the program.
•	Title of Innovation / Start-up Secured the Award / Recognition * Help: Please mention the full title of innovation/project/start up that received reward or recognition.
•	Had institute spent expenses either from own resource/received fund towards sending delegation
	to participate/represent the program/activity/event? YES/NO Help: Please select YES if institute spent any expenses either from its own resource or fund received from any agency or sponsorship but channelized through office of account to send the participants to take part in the program or activity. Select No if, institute had not spent any expenses or expense was not channelized through office of account of institute/centre/unit.
•	Total Expense Amount Incurred by Institute? (In Rupees)











Help: Please mention the expenses amount Rs. in figure

*Information for above FINANCIAL FIELDS needs to be provided in the financial section either by concern Department/Account Section/Nodal Officer of the Institute.

- **II. Parameter 2:** Annual Budget Spent on Innovation & Start-up funding, Income & Expenditure towards Promoting and Supporting Innovation & Start-up in Campus (Financial fields are integrated with other Parameters such as 1, 3, 5.1, 6, 6.1).
- **III. Parameter 3 & 6:** Pre Incubation & Incubation Infrastructure; Successful Innovation and Start-ups; and Funding, Expenses and Income from Innovation & start-ups during the financial year 2018-19.
 - i. Part -1: Innovation, Pre-Incubation & Incubation Centre/Facilities and Services.
 - a. Part 1(a): Innovation, Pre-Incubation & Incubation Centre/Facilities exists in campus
 - **b.** Part 1(b): Grants / Funds Received by Pre-Incubation & Incubation Centre / Facilities exists in Campus
 - c. Part 1(c): Idea / Prototype / Innovation have received Grant / funding from Pre-Incubation / Incubation Centre / Facilities
 - d. Part 1(d): Start-ups have received Grant / funding from Pre-Incubation/Incubation Centre/Facilities
 - e. Part-2: Co-Incubation Partnership
- i. Part -1: Innovation, Pre-Incubation & Incubation Centre/Facilities and Services.
- Name of Centre *

Part 1(a) (Tab-1): Innovation, Pre-Incubation & Incubation Centre/Facilities exists in campus

Help: Please mention the full name of the facility which is dedicatedly allotted as pre-incubation or incubation support to students and or faculty ideas/innovations and or start-ups in the campus

Type of Facility *

Help: Please select appropriate option from the Drop Down list based on type of facility centre is. Preincubation unit includes all facilities and infrastructures such as EDC, IEDC, New Gen IEDC, fab labs, maker's Space, Tinkering Lab, Innovation Clubs, Innovation Cells, Start-ups Cells, Institutions Innovation Council (IIC) etc that promote, mentor and support in ideation, innovation and prototype development and business model out of it whereas, Incubation promote and support establishment of Start-up business development etc.

Options

- o Pre-incubation centre
- Incubation Unit
- o Research Park/Innovation Park
- o IPR Cell/Patent facilitation Unit/Tech Transfer Centre
- Centre of Excellence with Advance Tools and Equipment











•	Year of Facility Creation * Help: Please choose the year from drop down list.
•	Facility Location / Address * Help: Please mention complete address of Facility or centre
•	Facility In charge Name * Help: Please mention full name of person in charge of facility or centre.
•	Facility In charge Email * Help: Please mention email of person in charge of facility or centre.
•	Facility In charge Phone * Help: Please mention contact number of person in charge of facility or centre.
•	Carpet Area of Facility * Help: Please mention total dedicated area of facility or centre.
•	Had the institute spent expenses either from own resource/received fund towards Establishment/Operation of Pre-Incubation & Incubation Centre/Facilities? YES/NO Help: Please select YES if centre or facility had incurred any expenses either towards operation or capital expenditure during the financial year 2018-19.
•	Annual Capital Expenditure (In Rupees) Help: Upon selection of YES, please provide total capital expenditure incurred by centre or facility during the FY 2018-19.
•	Annual Operational Expenditure (In Rupees) Help: Upon selection of YES, please provide total operational expenditure incurred by centre or facility during the FY 2018-19.
•	Had the institute Generated Income either from Services Offered by Pre-Incubation & Incubation
	Centre/Facilities? YES/NO Help: Please select YES if centre or facility had received any income or revenue from services offered by the centre or facility during the financial year 2018-19.











•	Total Annual Income from training and skill Development Services (In Rupees)
	Help: Upon selection of YES, please provide total income or revenue generated by centre or facility from
	training and skill development related services during the FY 2018-19.
•	Total Annual Income from Mentoring (Technical and Business) Services (In Rupees)
	Help: Upon selection of YES, please provide total income or revenue generated by centre or facility from
	Mentoring (Technical and Business) Services during the FY 2018-19.
•	Total Annual Income from Office Space and Rental Services to Start-ups/Innovators (In Rupees)
	Help: Upon selection of YES, please provide total income or revenue generated by centre or facility from
	services related to Space and Rental Services to Start-ups/Innovators during the FY 2018-19. Income from
	technology transfer related will be covered in separate parameter.
•	Total Annual Income of centre/Unit from Services Offered to Innovations and Start-ups (In Rupees)
	Help: Its Auto sum of Incomes from Office Space Rental, training, mentoring etc.
	*Information for above FINANCIAL FIELDS needs to be provided in the financial section either by concern
	Department/Account Section/Nodal Officer of the Institute.











- b. Part 1(b) (Tab-2): Grants / Funds Received by Pre-Incubation & Incubation Centre / Facilities exists in Campus

	Total Grants / Funds Received by Pre-Incubation & Incubation Centre / Facilities exists in Campus (Rs in Figure) *: 0 Help: The total value will get automatically reflect as entries will be made
	List out all the funding and grants received from various sources/agencies by these centres to promote and support innovation and entrepreneurship/start up ecosystem.
	Name of Centre * Help: The name of centre/facility will reflect in drop down list as it entered in the tab -1. You need to
_	choose the centre or facility and provide fund received detail in this tab -2 Source of Grant / Fund *
•	Help: Please select the appropriate option from drop down list based upon source of fund received by centre or facility. Upon selection of source of fund as AGENCY, then two more fields will display.
	Options
	o Funding Agency
	 Institute's Own Fund/Resources
•	Agency Name*
	Help: Upon Selection of source of fund as Agency, then please provide complete name of Agency from which centre/facility had received fund/grant etc.
•	Agency Type * Help: Please select appropriate option from the Drop Down list based on the type of the agency is.
	Options

- o Govt. Agency (Central)
- o Govt. Agency (State)
- o Educational Institute
- Corporate/Industry Association
- Non-Govt. Agencies
- International Agencies

•	Had Received Grants / Funds by Pre-Incubation & Incubation Centre / Facilities exists in Campus?
	YES/NO
	Help: Please select YES if centre or facility had received any fund/grant received from external source or
	agency during the financial year 2018-19











•	Total Grants / Funds Received by Pre-Incubation & Incubation Centre / Facilities exists in Campus
	(In Rupees)
	Help: Provide fund or grant amount received from the agency during FY 2018-19.
	*Information for above FINANCIAL FIELDS needs to be provided in the financial section either by concern
	Department/Account Section/Nodal Officer of the Institute.











c. Part 1(c) (Tab-3): Idea / Prototype / Innovation have received Grant / funding from Pre-Incubation / Incubation Centre / Facilities

- Total Nos of Idea/Prototype/Innovations have received Funding/Grant from Centre *: 0
- Total Seed Grant/Fund Amount Disbursed to above Idea/Prototype/Innovations Development (Rs in Figure) * : **0**
- Total Angel/Investment/seed fund Amount raised by Idea/Prototype/Innovations supported at preincubation / incubation facilities (Rs in Figure) *: 0
- Total income/revenue generated from Idea/Prototype/Innovations Supported at pre-incubation / incubation facilities (Rs in Figure) *: 0

Help: The total value will get automatically reflect as entries will be made

Note: List Out all the Ideas/Prototypes/Innovations Received Grant/Fund from Different Centres/Facilities

	exist in Campus
•	Name of Idea / POC / Innovation / Prototype Received Funding / Grant from Centre *
	<i>Help:</i> Please mention complete title or name of Idea/PoC/Innovation that had received financial/funding support from Centre/facility during the FY 2018-19
•	Name of Centre *
	Help: Please choose the centre or facility from the drop down list as it entered in the tab -1. List our financial or funding support provided by centre or facility to Idea (PoC/Innovation or protetype during the

Stage of Innovation (TRL Stage) *

Help: Please select the appropriate option from drop down list based on at which stage of Technology Readiness Level (TRL) of idea/PoC/Innovation/Prototype, which had received funding from centre or facility. There are 9 TRL stages.

Options:

FY 2018-19

- TRL 0: Idea. Unproven Concept, No testing has been performed
- TRL 1: Basic Research. Principles postulated and observed but no experimental proof of concept
- TRL 2: Technology Formulation. Concept and application have been formulated
- TRL 3: Applied Research: First Laboratory test completed; Proof of Concept (PoC)
- TRL 4: Small Scale Prototype built in a laboratory environment ("Ugly" Prototype)
- TRL 5: Large Scale Prototype tested in intended environment
- TRL 6: Prototype System tested in intended environment close to expected performance
- TRL 7: Demonstration System operating in operational environment at pre-commercial scale
- TRL 8: First of kind commercial system. Manufacturing issues resolved
- TRL 9: Full Commercial application: Technology available for consumers











Co-Innovator (If any) Help: Please provide detail of co-lead or Co-innovator if any. You can add more co-innovators.				ist based upon th	ne type of innovat
 Student Faculty & Student Incubate Entrepreneur Alumni Entrepreneur Innovator/Entrepreneur External to Institute Year of Innovation / Project Started * Help: Please mention the year when the project or innovation started. Principal Innovator Help: Please provide detail of lead or principal innovator. Name * Type * Gender * Email * Contact Name • Type • Gender • Email • Contact Name • Type • Gender • Email • Contact 	Options				
 Faculty & Student Incubate Entrepreneur Alumni Entrepreneur Innovator/Entrepreneur External to Institute Year of Innovation / Project Started *	 Faculty 				
 Incubate Entrepreneur Alumni Entrepreneur Innovator/Entrepreneur External to Institute Year of Innovation / Project Started * Help: Please mention the year when the project or innovation started. Principal Innovator Help: Please provide detail of lead or principal innovator. Name * Type * Gender * Email * Contact * Co-Innovator (If any) Help: Please provide detail of co-lead or Co-innovator if any. You can add more co-innovators. Name * Type * Gender * Email * Contact * Contact	 Student 				
 Alumni Entrepreneur Innovator/Entrepreneur External to Institute Year of Innovation / Project Started * Help: Please mention the year when the project or innovation started. Principal Innovator Help: Please provide detail of lead or principal innovator. Name * Type * • Gender * • Email * • Contact * • Co	 Faculty & Studen 	nt			
Year of Innovation / Project Started * Help: Please mention the year when the project or innovation started. Principal Innovator Help: Please provide detail of lead or principal innovator. Name * Type * Gender * Email * Contact * Co-Innovator (If any) Help: Please provide detail of co-lead or Co-innovator if any. You can add more co-innovators.	 Incubate Entrept 	reneur			
Year of Innovation / Project Started * Help: Please mention the year when the project or innovation started. Principal Innovator Help: Please provide detail of lead or principal innovator. Name * Type * Gender * Email * Contact * Co-Innovator (If any) Help: Please provide detail of co-lead or Co-innovator if any. You can add more co-innovators.	 Alumni Entrepre 	neur			
Principal Innovator Help: Please provide detail of lead or principal innovator. Name* Type* Gender Email* Contact Co-Innovator (If any) Help: Please provide detail of co-lead or Co-innovator if any. You can add more co-innovators. Name Type Gender Gender Email Contact Co-Innovator (If any) Help: Please provide detail of co-lead or Co-innovator if any. You can add more co-innovators.	o Innovator/Entre	preneur External to Ins	titute		
Principal Innovator Help: Please provide detail of lead or principal innovator. Name * Type * Gender * Email * Contact * Co-Innovator (If any) Help: Please provide detail of co-lead or Co-innovator if any. You can add more co-innovators. Name * Type * Gender * Email * Contact * Co	Vear of Innovation / P	roject Started *			
Principal Innovator Help: Please provide detail of lead or principal innovator. Name * Type * Gender * Email * Contact * Co-Innovator (If any) Help: Please provide detail of co-lead or Co-innovator if any. You can add more co-innovators. Name • Type • Gender • Email • Contact * Co			et or innovation st	arted.	
Help: Please provide detail of lead or principal innovator. Name * Type * Gender * Email * Contact Co-Innovator (If any) Help: Please provide detail of co-lead or Co-innovator if any. You can add more co-innovators. Name * Type * Gender * Email * Contact Contact Co-Innovator (If any) Help: Please provide detail of co-lead or Co-innovator if any. You can add more co-innovators.		o y car whom one projec			
Help: Please provide detail of lead or principal innovator. Name * Type * Gender * Email * Contact Co-Innovator (If any) Help: Please provide detail of co-lead or Co-innovator if any. You can add more co-innovators. Name * Type * Gender * Email * Contact Contact Co-Innovator (If any) Help: Please provide detail of co-lead or Co-innovator if any. You can add more co-innovators.	. Г				
Name * Type * Gender * Email * Contact Co-Innovator (If any) Help: Please provide detail of co-lead or Co-innovator if any. You can add more co-innovators. Name • Type • Gender • Email • Contact	•		_		
Name*	Help: Please provide de	tail of lead or principal	innovator.	1	
 Help: Please provide detail of co-lead or Co-innovator if any. You can add more co-innovators. Name Type Gender Email Conta 	• Name *	Type *	• Gender *	• Email *	• Contact
 Please provide detail of co-lead or Co-innovator if any. You can add more co-innovators. Name Type Gender Email Conta 					•
 Help: Please provide detail of co-lead or Co-innovator if any. You can add more co-innovators. Name Type Gender Email Conta 	• [•		•	•	
Add More			-		- Contag
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Add More		•			
	•	• 📗			
	• Add More	•			
	Г	• -			
	Type of Innovation *	•			
<i>Help:</i> Please select appropriate option from the drop down list based on type of innovation.	Type of Innovation *	opriate option from the	e drop down list b	pased on type of i	innovation.
<i>Help:</i> Please select appropriate option from the drop down list based on type of innovation. <i>Options</i>	Type of Innovation * Help: Please select appr Options		e drop down list b	pased on type of i	innovation.
 Help: Please select appropriate option from the drop down list based on type of innovation. Options IP/Patented Technology 	Type of Innovation * Help: Please select appr Options • IP/Patented Technol	logy	e drop down list b	pased on type of i	innovation.
<i>Help:</i> Please select appropriate option from the drop down list based on type of innovation. <i>Options</i>	Type of Innovation * Help: Please select appr Options IP/Patented Technol	logy	e drop down list b	pased on type of i	innovation.
 Help: Please select appropriate option from the drop down list based on type of innovation. Options IP/Patented Technology Non-IP/Non-Patented Technology 	Type of Innovation * Help: Please select appr Options • IP/Patented Technology • Non-IP/Non-Patente	logy ed Technology	e drop down list b	pased on type of i	innovation.
 Help: Please select appropriate option from the drop down list based on type of innovation. Options IP/Patented Technology Non-IP/Non-Patented Technology Applied for Patent * YES/NO	Type of Innovation * Help: Please select approprions IP/Patented Technology Non-IP/Non-Patente Applied for Patent * Y	logy ed Technology ES/NO			innovation.
 Help: Please select appropriate option from the drop down list based on type of innovation. Options IP/Patented Technology Non-IP/Non-Patented Technology 	Type of Innovation * Help: Please select appr Options IP/Patented Technology Non-IP/Non-Patente Applied for Patent * Y	logy ed Technology ES/NO			innovation.











Help: Please provide patent application number. Year of Patent Application * *Help:* Please mention the year of applied for patent. Current Status Pre-Incubation/Incubation Support Received * Help: Please mention any kind of support received by Idea/PoC/Innovation form centre/facility **Options** Dropped and no further action taken Still Under Development Process o Completed but no further action taken o Completed and ready for commercialization/Incubation o Completed and commercialize as Start-up/Company o Completed and commercialize as licensing/tech transfer o Receiving incubation support at Incubation unit of Institute Graduated from Incubation unit and pursuing through own effort Current Status of Innovation, Stage of TRL it has reached *Help:* Please mention the stage of Innovation at present. Had the Centre/institute provided any Financial support (either from own resource or fund received from agencies) in terms of Seed Grant/Fund Support to Idea / Prototype / Innovations Development during the financial period 2018-19? YES/NO Help: Please select YES, if centre or facility had provided any fund/grant (either received from external source or agency or through own resource) to support idea/prototype/innovation development during the financial year 2018-19. Total Seed Grant/Fund Amount Disbursed to above Idea/Prototype/Innovations Development by Centre (In Rupees) Help: Provide total fund/grant amount supported to above idea/PoC/Innovation from centre or facility during FY 2018-19. Had the Idea/Prototype/Innovations raised any Seed fund/Angel Investment/VC during the period of receiving pre-incubation/incubation support at your Pre-incubation/incubation or institute during the financial period 2018-19? YES/NO Help: Please select YES, if above Idea/Prototype/Innovations had raised any Seed fund/Angel Investment/VC during the period of receiving pre-incubation/incubation support at your Preincubation/incubation or institute during the financial period 2018-19. Seed fund/Angel/VC Agency Name * Help: Upon Selection of YES, please mention full name of agency provided Seed fund/Angel/VC to Idea/PoC/Innovator during the period of FY 2018-19











•	Agency Type *
	<i>Help:</i> Upon Selection of YES, please select appropriate option from drop down list based on Seed fund/Angel/VC agency type provided Seed fund/Angel/VC fund to Idea/PoC/Innovator during the period of FY 2018-19
	period 011 1 2010-17
	Options
	o Govt. Agency (Central)
	o Govt. Agency (State)
	 Financial Institutions
	 Corporate/Industry Association
	 Non-Govt. Agencies
	o International Agencies
	 Angel Investor/Venture Capitalist/High Net worth Individual (HNIs)
•	Total Seed Fund/Angel Investment/VC Fund raised by Idea/Prototype/Innovations during the
	period of pre-incubation/incubation support at your Pre-incubation/incubation or institute
	financial period 2018-19 (in Rupees)
	Help: Provide total Seed Fund/Angel Investment/VC Fund raised by Idea/Prototype/Innovations during
	the period of pre-incubation/incubation support at your Pre-incubation/incubation or institute financial
	period 2018-19 (in Rupees).
	period 2010 17 (iii Rupees).
•	Had the Incubation Centre/institute received any income/revenue from
	Idea/Prototype/Innovations for the pre-incubation/incubation support and the services offered by
	Pre-incubation/incubation or institute during the financial period 2018-19? YES/NO
	<i>Help:</i> Please select YES, if Centre/institute received any income/revenue from Idea/Prototype/Innovations
	for the pre-incubation/incubation support and the services offered by Pre-incubation/incubation or
	institute during the financial period 2018-19.
D	Total Income received from Idea/Prototype/Innovations for pre-incubation/incubation support
	and the services offered by Pre-incubation/incubation or institute during the financial period
	2018-19 (in Rupees)
	2018-19 (in Rupees) Help: Provide total income received by Centre/institute from above Idea/Prototype/Innovations for the
	Help: Provide total income received by Centre/institute from above Idea/Prototype/Innovations for the

*Information for above FINANCIAL FIELDS needs to be provided in the financial section either by concern Department/Account Section/Nodal Officer of the Institute.











d. Part 1(d) (Tab-41): Start-ups have received Grant / funding from Pre-Incubation/Incubation Centre/Facilities

- Total Nos of Start-ups received Grant/funding Support from Centre *: 0
- Total Fund/Grant Disbursed to Start-up Establishment (Rs in Figure) *: 0
- Total Angel/Investment/seed fund Amount raised by Start-ups supported at pre-incubation/ incubation facilities (Rs in Figure) *: 0
- Total income/revenue generated from Start-ups supported at pre-incubation / incubation facilities (Rs in Figure) * : 0

Help: The total value will get automatically reflect as entries will be made Note: List Out all the Ideas/Prototypes/Innovations Received Grant/Fund from Different Centres/Facilities exist in Campus Name of Start-up Received Funding/Grant from Centre *Help:* Please mention complete title or name of start-up that had received financial/funding support from Centre/facility during the FY 2018-19 Name of Centre * Help: The name of centre/facility will reflect in drop down list as it entered in the tab -1. You need to choose the centre or facility and list out funding supports details to start ups in this tab -4. Year of Registration * *Help:* Please mention the year when the start-up was registered. Registered as * *Help:* Please select appropriate option from the dropdown list based on type of entity registered. **Options:** Private Limited o Limited Liability Partnership o One Person Company Registered Partnership

•	Start-up with Corporate Identification Number (CIN) Registration *
	Help: Please provide Corporate Identification Number (CIN) of registered start-ups received support from
	the centre or facility during the FY 2018-19.

Start-up Founded by * *Help:* Please select the appropriate option from the drop down list based upon the type of founder of startup.

Options











- Faculty
- Student
- o Faculty & Student
- o Incubate Entrepreneur
- o Alumni Entrepreneur
- o Innovator/Entrepreneur External to Institute

Founder

Help: Provide detail of founder of above start up.

Name *	DIN number *	Type *	Gender *	Email *	Contact *

• Co-Founders (If any)

Help: Provide detail of founder of above start up.

Name *	DIN number *	Type *	Gender *	Email *	Contact *
	Add More				

Help: Please select appropriate option from the drop down list based on type of innovation or technology focus of Start-up is .

Options

- o IP/Patented Technology
- o Non-IP/Non-Patented Technology
- Service Based Business Solution

•	Applied for Patent * Help: Upon Selection of IP/Patented Technology and YES if applied for patent.
•	Current Status Pre-Incubation/Incubation Support Received *

Help: Please mention any kind of support received by start-up form centre/facility
Options

- o Receiving Incubation Support from Incubation Unit
- o Graduated from Incubation Unit/Centre
- o Dropped











•	Has the Start-up Grown to a stage of Employment Generation to 10 Numbers or an annual Turnover
	to Rs. 50 Lakhs during the financial year 2018-19 * YES/NO Help: Please tick YES, if above start-up has grown to a stage of Employment Generation to 10 Numbers or
	an annual Turnover to Rs. 50 Lakhs during the financial year 2018-19.
•	Had the Centre/institute provided any Financial support (either own resource or fund received from agencies) in terms of Seed Grant/Fund Support to Start-up during the financial period 2018-
	19? YES/NO
	Help: Please select YES, if centre or facility had provided any fund/grant (either received from external
	source or agency or through own resource) to support start-up during the financial year 2018-19.
•	Total Seed Grant/Fund Amount Disbursed to Start-up by Institute/Centre (In Rupees)
	<i>Help:</i> Provide total fund/grant amount supported to above start-up from centre or facility during FY 2018-
	19.
•	Had the Start-up raised any Seed fund/Angel Investment/VC during the period of receiving pre- incubation/incubation support at your Pre-incubation/incubation or institute during the financial
	period 2018-19?
	Help: Please select YES, if above startups had raised any Seed fund/Angel Investment/VC during the period of receiving pre-incubation/incubation support at your Pre-incubation/incubation or institute during the
	financial period 2018-19.
	Seed fund/Angel/VC Agency Name *
	Help: Upon Selection of YES, please mention full name of agency provided Seed fund/Angel/VC to
	Idea/PoC/Innovator during the period of FY 2018-19
•	Agency Type *
	Help: Upon Selection of YES, please select appropriate option from drop down list based on Seed
	fund/Angel/VC agency type provided Seed fund/Angel/VC fund to Idea/PoC/Innovator during the period of FY 2018-19
	period 011 1 2010-19
	Options
	Govt. Agency (Central)
	Govt. Agency (State)Financial Institutions
	 Financial Institutions Corporate/Industry Association
	 Non-Govt. Agencies
	 International Agencies

o Angel Investor/Venture Capitalist/High Net worth Individual (HNIs)











incubation/incubation support at your Pre-incubation/incubation or institute financial period
2018-19 (in Rupees) Help: Provide total Seed Fund/Angel Investment/VC Fund raised by above start-up during the period of pre-incubation/incubation support at your Pre-incubation/incubation or institute financial period 2018-19 (in Rupees).
Had the Incubation Centre/institute received any income/revenue from Start-up for the pre-incubation/incubation support and the services offered by Pre-incubation/incubation or institute during the financial period 2018-19? YES/NO
Help: Please select YES, if Centre/institute received any income/revenue from start-up for the pre-incubation/incubation support and the services offered by Pre-incubation/incubation or institute during the financial period 2018-19.
Total Income received from Start-up for pre-incubation/incubation support and the services offered by Pre-incubation/incubation or institute during the financial period 2018-19 (in Rupees)
Help: Provide total income received by Centre/institute from above start-up for the pre-incubation/incubation support and services offered by centre or facility or institute during the financial period 2018-19 (in Rupees).
*Information for above FINANCIAL FIELDS needs to be provided in the financial section either by concern

Department/Account Section/Nodal Officer of the Institute.

Total Seed Fund/Angel Investment/VC Fund raised by above start-up during the period of pre-





least any one of the theme.







ii. Part -2: Co-Incubation Partnership: Co-incubation Partnership made with other Institutions either to offer incubation support (or) to receive incubation support during the Academic Year 2018-19]

• Type of Partnership *
Help: Please select appropriate option from drop down list
Options
 Incubation Service/Support Extended to Other institute
 Incubation Service/Support Received from Other Incubation/Institute
Partnership Institute Name *
Help: Please mention full name of the institute which had received your incubation support or your
institute had received incubation services during 2018-19.
Type of Support Offered (Multiple Options can be Selected) *
Help: Please select appropriate options from the drop down list. Multiple options may be chosen.
No. of Student Projects / Ideas / Innovation / Start-ups Supported *
<i>Help:</i> Please mention total number of ideas/projects/innovations or start-ups benefitted through partnership.
partifership.
• Date of MOU / Agreement Signed on * Help: Please select the date on which the MoU was signed between two institutions to provide or receive incubation support.
IV. Parameter -4: Courses on Innovation, IPR and Entrepreneurship Development Offered by Institute during the Academic Period 2018-19
Note: List out all Short-Term Certificate Courses, MDP, EDP, FDP and Regular Academic Programs of in- curricular, co-curricular, extra-curricular courses offered by Institute in the area/theme of Innovation, IPR and Entrepreneurship Development for Students, Faculties and Start-ups etc. during the academic year 2018-19.
• Title of Course/Subject Offered *
Help: Please mention complete name of the course or subject offered by the institute in the area of
Innovation, IPR, Entrepreneurship and or start up. Only include the courses that are directly related to
development of ability to innovate, imparting entrepreneurial mind-set, skill set and capacity or ability to
start an enterprise etc. Please avoid general course for industry readiness bur not directly focusing to develop innovation ability and entrepreneurial qualities.
develop innovation ability and end epiteneurial qualities.
• Program Theme *
 Program Theme * Help: Please select appropriate option from the Drop Down list. You may select multiple options if the
program had addressed more than one theme. Please ensure that, mentioned program should be fall into at











Options

- IPR
- Innovation
- Start-up/Entrepreneurship

	• Start-up/Entrepreneurship
•	Type of Course *
	Help: Please list out all Short-Term Certificate Courses, MDP, EDP, FDP and Regular Academic Programs of
	in-curricular, co-curricular, extra-curricular courses offered by Institute in the area/theme of Innovation,
	IPR and Entrepreneurship Development for Students, Faculties and Start-ups etc. during the academic year
	2018-19.
	Options
	o Short-term Course
	o Elective/Core Credit Course
	o Full Time Program
	o MDP
	o EDP
	o FDP
•	Level of Course *
	<i>Help:</i> Please select appropriate option from the Drop Down list based on the level of course it offered.
	Options
	o Diploma
	o Bachelor
	o Master
	o PhD
	o Extra-Curricular
	 Vocational
_	Course Offering Department/Centre/Unit Name *
•	Help: Please mention the name of Dept./Centre/Student Body in Full. Please avoid mentioning the name
	in short form or acronym.
	m short form of defonym.
•	Program Start Date * Laboration starting date of Course
	Help: Please mention starting date of Course.
•	Program End Date*
	Help: Please mention end date of Course. Please select same day for the program completed in the same
	day.
•	Program Duration (in Days)
	Help: This will be calculated automatically based upon the date selected as start and end date for the
	course.





V.







•	Mode of Delivery *
	<i>Help:</i> Please select appropriate option from the Drop Down list based on the delivery of course it may be online or offline mode. If institute have developed any courses and offered through SWAYAM/MOOO platform also can be mentioned.
	F
	Options
	o Online
	o Offline
•	Total Enrolment Number
•	Help: Total number of participants includes both students and faculties took admission in the above course
	offered by the institute.
•	Total Number of Students Completed
	Help: Total number of participants includes both students and faculties took admission and successfully
	completed/graduate from the course offered by the institute.
•	Total Numbers of Contact Hours of Course (Minimum 30 Contact hours)
	Help: Please provide total contact hours of the course offered by the institute
	* * *

Parameter 5: IP Granted and Published; Tech Transfer and Commercialised











	Patent Granted and Published (Obtained from Third Party Source)
i.	Part - 1: Technology Commercialization / Transfer
•	Name of Technology Licenced/Transferred/Commercialized * Help: Please mention the full title of technology that transferred or commercialized during the FY 2018-19.
•	Technology Type * Help: Please select appropriate option from the drop down list based on type of technology or innovation.
	 Options IP/Patented Technology Non-IP/Non-Patented Technology
•	Type of Transfer * Help: Please select appropriate option from the drop down list based on type of transfer of technology/innovation. Options One time transfer/Licensing Licensing with Royalty Sharing
•	Patent/Licence Holder name (Institute Co-ownership is Must) * Help: Please mention full name of Patent or Licence holder, where institute name as co-owner is must.
•	Patent/Licence Number * Help: Please mention the licence number that is issued upon licencing of technology.
•	Contact number of Licensor * Help: Please mention the contact number of licensor.
•	Email of Licensor * Help: Please mention the contact email of licensor.
•	Gender * Help: Please mention the gender of licensor.
•	Centre/Department of Origin of Licence * Help: Please mention the centre/dept. has developed the technology.
•	Licence Transferred to *

Help: Please select the appropriate option from drop down list based on type of licensee.











Options

	o Industry
	o Start-up
	o Institute
	 Other Organisation/Agency
•	Name of Licensee * Help: Please mention the licensee name.
	A. J
•	Address of Agency *
	Help: Please mention the address of licensee.
•	Contact Number of Agency/Licensee * Help: Please mention the contact number of licensee.
•	Email of Agency *
	Help: Please mention the email of licensee.
•	Had the institute generated income from Technology Transfer/Licensing? YES/NO Help: Please select YES, if institute had generated income from Technology Transfer/Licensing during financial year 2018-19.
•	Total Annual Income Received from Technology Transfer/Licensing (In Rupees) Help: Please provide the income amount generated from Technology Transfer/Licensing during financia year 2018-19.

*Information for above FINANCIAL FIELDS needs to be provided in the financial section either by concern

Department/Account Section/Nodal Officer of the Institute.

