



# JAMMU & KASHMIR ENTREPRENEURSHIP DEVELOPMENT INSTITUTE (JKEDI)



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## APPLICATION FORM FOR AVAILING ASSISTANCE FOR INCUBATORS UNDER THE SCHEME FOR STARTUP HUB AND INCUBATORS

### 1. BASIC INFORMATION

1	<b>Name of the Incubation Centre:</b> _____ _____	
2	<b>Contact Address:</b> _____ _____	
	<b>Telephone:</b> _____ <b>Mobile:</b> _____	
	<b>Email:</b> _____	
3	Type of the Entity (Please attach certified copy of the memorandum and articles of association or equivalent registration document or Partnership Deed)	University/College/Institution/ Proprietorship/ Partnership/ Company
4	Registration Details (Enclose Memorandum and Articles of Association)	
	Certificate of Incorporation (please provide certified copy)	
	PAN Number (please provide certified copy)	

5 <b>NAME, ADDRESS &amp; CONTACT DETAILS OF THE DIRECTORS/ PROMOTORS ALONG WITH THE PAN NUMBERS</b>				
Name	PAN	Address	Contact No.	Email

6	Name, designation & contact details of the Authorized Person (please enclose copy of authorization letter)	
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## 2. DETAILS OF INCUBATOR

1	Location Address						
2	Area of the land / office space						
3	Proof of land/office space possession						
4	<b>BRIEF DESCRIPTION OF THE INCUBATOR</b> <ul style="list-style-type: none"> <li>▶▶ General Description</li> <li>▶▶ Mission, Goals and Objectives</li> <li>▶▶ Business Structure, Management and Personnel</li> <li>▶▶ Professional and Advisory Support</li> <li>▶▶ Capital Expenditures</li> <li>▶▶ Financial Plan</li> <li>▶▶ 12-Month Profit and Loss Projection</li> <li>▶▶ Five-Year Forecast</li> <li>▶▶ Operational Plan</li> <li>▶▶ Thrust Areas (Sectors)</li> </ul>						
5	<b>BUSINESS INCUBATION AND DEVELOPMENT SCHEDULE (PROJECTIONS)</b>						
	<b>Outcome</b>	<b>Year1</b>	<b>Year2</b>	<b>Year3</b>	<b>Year4</b>	<b>Year5</b>	<b>Total</b>
	No. of new start-ups to be admitted for incubation						
	No. of start-ups to be graduated from the incubator						
	No. of training / Incubation / Acceleration programmes to be conducted						
	No. of Incubatee resources to be trained						
	No. of Conferences / Seminars / workshops to be organised						

## 3. FINANCIAL PROJECTIONS OF THE INCUBATION CENTRE (IN RS.)

Sr.No.	Component	Year1	Year2	Year3	Year4	Year5	Total
<b>NON RECURRING EXPENSES</b>							
1.	Capital Expenditure						
<b>RECURRING EXPENSES</b>							
1.	Manpower Expenses						
2.	Travel Expenses						
3.	Utility and Maintenance						

4.	Marketing, Promotion and Publicity						
5.	Networking and Training Programmes						
6.	Miscellaneous and Contingencies						
<b>TOTAL PROJECTED EXPENSES</b>							

**4. ASSISTANCE SOUGHT UNDER THE SCHEME**

Sr. No	Assistance Type	Projected Expenditure	Eligible Expenditure	Claimed Assistance	Remarks
1	Capital Assistance				
2	Mentoring Assistance				
3	Operating Assistance				
4	Assistance for Procurement of Software				
5	Stamp Duty & Registration Fee				
6	Incentive on Power Tariff and Electricity Duty				

**5. TENTATIVE DATE OF BEGINNING OF OPERATIONS:**

**6. LIST OF START-UPS WHO MAY HAVE SHOWN INTEREST IN GETTING INCUBATED, IF AVAILABLE:**

**7. DECLARATION:**

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

- (a) Information, statements & other papers given herein are to the best of my knowledge & belief.
- (b) I am duly authorized to sign an application and details and documents submitted in this application.
- (c) I undertake that we will have minimum 10 incubatees at all times.

**Authorised Signatory**