

### **NEERI's Start-up Connect (NeSt Connect) Application Form**

The following questions are mandatory. Please feel free to use a text or presentation format to answer them. Please also feel free to provide any other supplementary information that you think would help us understand your business better.

*Kindly restrict the size of the file for mandatory questions to 10 pages and 5 MB and any other supplementary information to another 10 pages and 5 MB. Please provide these files in PDF format.*

#### **1. Applicant Particulars:**

Name of Company	
Address	
CIN and year of Incorporation (N/A if not incorporated yet)	
Names of the Founders / Key Shareholders	
E-mail	
Phone No.	

Sector	
Brief Introduction	
Current Employee Strength	
Current Turnover (In Rs)	

Date of Receipt: \_\_\_\_\_  
*(to be filled by CSIR-NEERI)*

Form No.: \_\_\_\_\_  
*(to be filled by CSIR-NEERI)*

**2. What is the market need you are addressing? What is the estimated opportunity size?**

Date of Receipt: \_\_\_\_\_  
*(to be filled by CSIR-NEERI)*

Form No.: \_\_\_\_\_  
*(to be filled by CSIR-NEERI)*

**3. What is your revenue model?**

Date of Receipt: \_\_\_\_\_  
*(to be filled by CSIR-NEERI)*

Form No.: \_\_\_\_\_  
*(to be filled by CSIR-NEERI)*

**4. Who is your competition and how are you differentiated on technology, its application, and/or, the business model?**

Date of Receipt: \_\_\_\_\_  
*(to be filled by CSIR-NEERI)*

Form No.: \_\_\_\_\_  
*(to be filled by CSIR-NEERI)*

**5. Please provide a brief write-up on the founders and the team.**

Date of Receipt: \_\_\_\_\_  
(to be filled by CSIR-NEERI)

Form No.: \_\_\_\_\_  
(to be filled by CSIR-NEERI)

6. Please provide latest summary financials and if possible, projections for the next 3 years.

Date of Receipt: \_\_\_\_\_  
(to be filled by CSIR-NEERI)

Form No.: \_\_\_\_\_  
(to be filled by CSIR-NEERI)

7. Please let us know your expectations on how can participating in the incubation programme of CSIR-NEERI would help you realize your business and technology objectives.

Date of Receipt: \_\_\_\_\_  
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Form No.: \_\_\_\_\_  
(to be filled by CSIR-NEERI)