

**COEP`s Institution’s Innovation Council**

Student’s Start up Review Form

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| Team Details | **Team Lead:** |
| **Team Members Details:**

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| Sr. No. | Name | MIS No. | Email | Contact no. | Role | Area of expertise |
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**Mentor (if any)**

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| Sr. No. | Name | Department/Company name | Email | Contact no. |
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| **Startup Registration Number** |  |
| **Name of the Start Up** |  |
| **Have you registered it somewhere else?, if Yes Specify Details** |  |
| **Is this your First attempt to this Idea?****Give details of your earlier attempts, and reasons for rejection faced** |  |
| **Specify start up theme** **(Selected theme from 1 to 13)***1. Healthcare & Biomedical devices.**2. Agriculture & Rural Development.**3. Smart Vehicles/ Electric vehicle/ Electric vehicle motor and battery technology.**4 Manufacturing/ Production.**5. Robotics and Drones.**6. Environmental / Waste management.**7. Clean & Potable water.**8. Renewable and affordable Energy.**9. IoT based technologies (e.g. Security & Surveillance systems etc)**10. ICT, cyber physical systems, Block chain, Cognitive computing, Cloud computing, AI & ML.**11. Education**12. Engineering Civil/Mechanical**13. Other -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Give details of your Product/Service/Startup Idea:---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- |
| **What is the relevance of your start up in current market / society?** |  |
| **What is the uniqueness of product/process/ service and** **Unique Selling proposition?****Specify the key indicator for uniqueness / USP of product/process/ service** |  |
| **Are you aware of your direct/ indirect competitors in the current market?** **What is your approach for making product/process/ service better than competitors?** **Are you creating new product/process/ service not existing currently and looking forward for emerging market?** | Yes / No, Who are they?  |
| **Whether your Team is working as per your own commitments?****(Are you following the schedule and timeline as specified at the beginning of your start up?)****Are you planning to Change/Modify the work plan or methodology** | Yes / NoIf Yes, mention modifications. |
| **What are the features of your product / process / service?****What Changes/Improvements you have made than was specified Six months ago.** |  |
| **Submit a list of activities carried out by you in last SIX months for achieving your goals****(date from / / to / / )**  | Format…Attach as annexure

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| Sr. No. | Activity | Relevance to your goals | duration | Are you satisfied with your work? Yes/No Reasons if Yes/No |
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| **Whether you are utilizing your human recourses and expertise wisely.** **What problems you are facing in this regards.** |  |
|  **Technology Readiness Level (TRL)** **Status /Plans** TRL 0 : Idea. Unproven concept, no testing has been performed.TRL 1 : Basic research. Principles postulated observed but no experimental proof available. TRL 2 : Technology formulation. Concept and application have been formulated.TRL 3 : Applied research. First laboratory tests completed; proof of concept.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 a kind commercial system. Manufacturing issues solved.TRL 9 : Full commercial application, technology available for consumers. | Earlier Technology Readiness Level :\_\_\_\_\_\_\_ (date : / / )Current Technology Readiness Level : \_\_\_\_\_\_ (date : / / )

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| --- | --- | --- | --- |
| Level | Achieved / Planned / Not-Applicable | Date (Projected/Actual)  |  Particulars relevant to your  |
| TRL 0 : |  |  |  |
| TRL 1 : |  |  |  |
| TRL 2 : |  |  |  |
| TRL 3 : |  |  |  |
| TRL 4 : |  |  |  |
| TRL 5 : |  |  |  |
| TRL 6 : |  |  |  |
| TRL 7 : |  |  |  |
| TRL 8 : |  |  |  |
| TRL 9 : |  |  |  |

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| **What is the current status of your product / process / service?****Is it at PoC stage?****Is it at Prototype stage?****Is it at Product stage?** |  |
| **What is the potential market size (in terms of INR) and target customers.****How much revenue expected year on year and growth?** |  |
| **Are you carrying out continuous market research?****If yes, what are new findings** |  |
| **Are you interacting regularly with your mentors for discussions and advice?** |  |
| **Is your team working with cohesion, do you want to modify your team composition?** |  |
| **Are you utilizing infrastructure required product / process / service development hassle free?** |  |
| **Did your start up participate in national level exhibition?**  | If yes specify particulars of exhibition, If No, Why?  |
| **Are you searching for Investors, any meeting held, any commitments/funds received?** | If Yes, Specify details |
| **Did you receive funding from any agency / investor(s)?** | If Yes, please give details |
| **Did your start up receive any award for recognition?** |  |
| **What is your status on academic front?****Mention your CGPA :** **Any Backlog : - give details** |

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| Sr. No. | Name of COEP students | CGPA | Number of Backlogs |
| PreviousSemester | Current Semester  |
|  |  |  |  |  |
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| **Specify any Approval of semester break or Exemption in Attendance or other special permissions granted by Academic Council** |  |
| **Mention Any Challenges you are facing** |  |
| **Mention if any additional support you need from COEP, to take your work forward** |  |

Names and Signatures

of Team Members

Date :

DECLARATION

I/We, undersigned, hereby declare that the information furnished above is true, complete and correct to the best of my/our knowledge and belief. I/We understand that in the event of my/our information being found false or incorrect at any stage, my candidature and/or Facilities extended to me for working on startup idea shall be liable to cancellation / termination without any prior notice and I/we will be liable to any punitive action for furnishing false information /documents.

Names and Signatures of ALL Team Members

Date……………….

Place …………………..

For Revivers

Observations of Reviewers

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Comments of Reviewers

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Recommendations Reviewers

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Names and Signatures of reviewers

Date……………….

Place …………………..