

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

Faculty’s Start up Review Form

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| Team Details | **Team Lead Faculty:** | |
| **Details of Other Faculties of COEP involved as Co-Founder**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Sr. No. | Name | MIS No. | Email | Contact no. | Role | Area of expertise | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |   **Details of Student of COEP involved as Co-Founder.**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Sr. No. | Name | MIS No. | Email | Contact no. | Role | Area of expertise | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |   **Details of Individuals or Students or Faculties outside COEP involved as Co-Founder.**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Sr. No. | Name | MIS No. | Email | Contact no. | Role | Area of expertise | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |   **Mentors (if any)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Sr. No. | Name | Department/Company name | Email | Contact no. | |  |  |  |  |  | |  |  |  |  |  | | | |
|  | | |
| **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 / No  If 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   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Sr. No. | Activity | Relevance to your goals | duration | Are you satisfied with your work? Yes/No Reasons if Yes/No | |  |  |  |  |  | |
| **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 : / / )   |  |  |  |  | | --- | --- | --- | --- | | **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 : |  |  |  | |
| **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? Give Details** | |  |
| **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 the status of academic and administrative responsibilities assigned to Faculties of COEP Involved in this Startup.**  **What is the status of students involved in this work on academic front?**  **Mention your CGPA of students**  **Any Backlogs : - give details** | | |  |  |  |  | | --- | --- | --- | --- | | Sr. No. | Name of COEP Faculties | Status on Academic responsibilities | Status on Academic responsibilities | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Sr. No. | Name of COEP students | CGPA | | Number of Backlogs | | Previous  Semester | Current  Semester | |  |  |  |  |  | |  |  |  |  |  | |
| **Specify any Approval of Leave with/without pay for COEP Faculties from higher authorities.** | |  |
| **Specify any Approval of semester break or Exemption in Attendance or any other special permissions granted by Academic Council to the students involved.** | |  |
| **Mention Any Challenges you are facing** | |  |
| **Mention if any additional support you need from COEP, to take your work forward** | |  |

Name and Signature

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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Signature of reviewers

Date……………….

Place …………………..