Sant Longowal Institute of Engineering & Technology
(Deemed-to-be-University)
Longowal, Distt. Sangrur, Punjab-148106

INSTITUTE INNOVATION CELL (IIC)

Application Form for Seed Funding Support & Pre-Incubation Startup Grant

Ref. No. SLIET/IIC/SF-2026/ _____ **Application Date: _____**

1. APPLICANT DETAILS & ELIGIBILITY CATEGORY

1.1. Full Name of Primary Applicant:

1.2. Department / Academic Trade:

1.3. Institutional ID No. / Employee ID:

1.4. Primary Mobile & WhatsApp Number:

1.5. Official Academic Email:

1.6. Personal / Backup Email:

1.7. Applicant Entity Category: Individual ☐ Team ☐

1.8. Core Team Composition:

S. No.	Full Name	Scholar No.	Branch /Year	Signature

1.9. Faculty Members/ Mentor Details:

S. No.	Faculty Name	Employee ID	Department	Signature

2. VENTURE PROFILE & OPERATIONAL MODEL

2.1. Proposed Brand / Startup Name: _____

2.2. Core Focus Sector: _____

2.3. Problem Statement Validated: _____

2.4. Proposed Solution & Unique Value Proposition: _____

2.5. Operational Delivery Channels: _____

2.6. Current Development Stage:

Idea / Concept Stage
POC / Validation Stage
Minimum Viable Product Ready

2.7. Entity Status: Unregistered ☐ MSME / Udyam Registered ☐ Private Limited / LLP Filed ☐

3. OPERATIONAL EXPENDITURE & BUDGET ESTIMATION

Provide itemized operational estimates below as per standard seed funding policy frameworks (attach annexures wherever required):

Table 3.1: Consolidated Operational Expenditure Allocation

S. No.	Seed Capital Expenditure Head	Cost Estimate (INR)
1	**Product / Service Operations Development**	
2	**Market Launch, Marketing & Promotion**	
3	**Company Registration & Legal Compliances**	
4	**Operational Trips / Field Logistics**	
	Total Estimate Cost	

Table 3.2: Granular Resource Track

S. No.	Sub-Head	Name of Product / Software / Tool	Duration	Quantity	Rate/unit	Total Cost
1						
2						
3						
4						
5						
Total Budget Commitment Requested						

3.3. Total Seed Fund Funding Volume Requested: _____

3.4. Details of Co-Support / Alternative Active Funding Schemes: _____

4. DECLARATION & INSTITUTION APPROVAL

4.1. Declaration: I/We state that all information provided is genuine. This venture has not received duplicate government funding for the same setup. We agree to acknowledge IIC SLIET in all upcoming domains.

Signature of Team Leaders & Applicant **Date:** _ _ _ _ _ _ _ _ _ _

FOR OFFICIAL INCUBATION COMMITTEE USE ONLY

National Funding Evaluation Benchmarks	Max Marks	Evaluated Marks
4.1.1 Operational Strategy, Venture Depth & Innovation Merit	25	
4.1.2 Value Proposition, Target Market Viability & Customer Outreach Path	25	
4.1.3 Task Milestones Realism & Stepwise Work Plan Feasibility	20	
4.1.4 Budget Allocation Transparency, Justification & Policy Alignment	15	
4.1.5 Team Execution Capability, Role Diversity & Mentor Alignment	15	
Total Weighted Score	**100**	

4.2 Committee Release Sanction Decision:

4.3 Full Approval: Released for Phase-I Milestone

4.4 Conditional Revision: Revise Asset Duration / Branding / Marketing estimates and re-submit.

4.5 Rejected / Disapproved

Recommendation: _____

Vice-President (IIC) **President (IIC)**