

Campus Venture Catalyst Program (CVCP)

Application Form

Applicant Details:

1. Name of Applicant:
2. Category:
 - Student
 - Intern
 - Faculty
 - BEC Registered Start-up
3. Department / Program:
4. Contact Number:
5. Email ID:

Venture/Start-up Information:

1. Proposed Venture/ Start-up Name:
2. Type of Venture/ Start-up:
 - Technology
 - Social Entrepreneurship
 - Product-based
 - Service-based
3. Brief Description of the Start-up Idea:
4. Problem Statement:
5. Proposed Solution/Product:

Business and Entrepreneurship Plan:

1. Target Market:
2. Competitive Advantage:
3. Revenue Model:
4. Expected Market Impact:

Grant Utilization Plan:

Activity	Estimated Cost
Company Registration	
GST / Legal Registration	
Prototype Development	
Exhibition / Stall Booking	
Branding / Packaging	
Other Startup Activities	
Total Amount Requested	

(Maximum limit: ₹50,000)

Declaration:

I hereby declare that:

- The information provided in this application is true and correct.
- The grant amount will be utilized only for approved entrepreneurial purposes.
- I agree to the **5% equity clause with the institute** as per the Institutional Entrepreneurship Ignition Grant policy.
- I agree to submit all **bills and receipts for reimbursement**.

Applicant Signature:

Date:

Institutional Approval:

Reviewer Comments:

Recommendation:

Approved / Not Approved

Committee Signature:

Date: