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# **Manual for GCI**

# **Step 1: Basic Information**

E	Basic Information
•	Proposal code
	This Field is automatically filled in the form.
•	Name Of The Organization Test Organization
	This Field is automatically filled in the form.
•	Product/Technology developed
	Write the brief name of proposal which is not exceeding 250 characters.
•	Themactic Area
	Select Category of the proposal.
•	*Technology Readiness Level (TRL) as per BIRAC TRL scale (BIRAC TRLs) (≥TRL-7) (self-assessment) Select
	Select your organization type.
•	* Type of Organization : Select
	Select the Duration (In Months).
•	*National relevance of Product/ Technology developedNo. of Collaborators
	Here you have to choose the number of collaborators and click the "Enter Collaborators Details" button. After click on "Enter Collaborators Details" button, there is a number of rows of collaborator Details according to your selection. You have to fill the details here.
	*Funding Support Requested through Medtech Challenge(INR)(Capped at INR 3 crores inclusive of all taxes)
	In Lakhs (If you want to put 10 Lakh and put 10 in given input box)
	• *Duration Select
	*Main Purpose

Save and Continue

After fill all the details you have to click on "Save and Continue" button.

#### **Step 2: Particular of the Applicant(s)**

• Particulars of the Applicant Organization

Applicant De	etails			
Name of the Ap	<b>plicant</b> Ashis	sh Sauriyal		
	Con	tact Details		
Address1:	West Vinod Nagar	Address2:	New Delhi	

Street/Village Mendawali City/Town New Delhi

State Delhi Country India

**Pin/Zip code** 110012 **Landline** 01363-22450

Fax Website <u>www.ashsauriyal.in</u>

Above details are automatically comes while you are in applicant details page. These are the details which you filled at the time of registration.

	Details of the Pr	oject Implementatio	n Site
Address1:		Address2:	
Address3:		City/Town:	
Country:	India	State:	Select
Pin/Zip Code:		Landline:	
Mobile		Fax:	

Fill all the mandatory details under details of the project implementation site.

Brief Background of the Applicant					
Date of Incorporation of the Applicant					
Set date of incorporation	n of the applicant in forn	nat: dd-mm-yyyy			
*What is the R & D activity:  *What are the Other activ (such as Manufacturing /	vities of the company				
Fill all the mandatory de	tails under Brief backgro				
	Applicant Registra				
Applicant Type	O Public Limited	○ Private Limited			
Select Applicant Type ac					
*Upload MCA Registration					
Browse the Registration	details file. Make sure y	our file is in PDF format.			
Annual Report for P	revious Three Financial	Year Browse			
Browse the file. Mak	e sure your file in PDF Fo	ormat.			
• Are the Shares of th	e Company Held to the	extent O Yes O No			
Of 51% By Indian Cit	tizens (including NRIs)?	Select your option accordingly.			
·	f promoters background ire your file in PDF forma	Browse at.			
*Upload the Share ho company, on the Concertified and stamped 31-12-2019:	npany Letterhead,	Browse			

Browse file. Make sure your file in PDF format. Click on link "<u>Prescribed Format</u>" for prescribed format.

	prescribed format.	
•	Please attach a scan copy of the PASS (First and last page only) or ADHAAR (Of all the shareholders holding more)	Card
	_	rse file. Make sure your file in PDF format.
	Project Impl	ementation Details
•	Incubation with any of the RecognizedIncubation Facility? If you choose yes, an additional brows browse a related file and write some de	<ul> <li>Yes ○ No</li> <li>e box and text area will be appeared. You have to</li> <li>lescription about it.</li> </ul>
	Upload	Browse
	Valid upto	
	Name of incubation center  If you choose No:	
	Outst	anding Loan
• If v	Are There Any Outstanding Loans? you choose "Yes", a file browser box wil	O Yes O No I be appeared. You have to browse a related file.
Fo	or prescribe format just click on " <u>Prescrib</u>	<u>ped Format</u> " link.
Plo	ease Upload Details in  Prescribed Format  Browse	
•	Has The Applicant Received /Applied For Funding From Government/Any Other Agency? If yes then details of research	O O Yes No

Projects executed by the company in last 3 years.

If you choose "yes", a "Number of Times" select box will appeared. You have to choose the number and click on "Enter Details" button.

Number of Times --Select-- Enter Details

After clicking on "Enter Details" button a "Funding Details" box will be appeared according to your selection in "Number of Times" select box.

#### **Funding Details**

Project Title	Funding Agency	Total Project Cost (Rs. In Lakhs)	Present Project Status	Date of Start	Date/D ue Date of Comple tion	Amount Received As Grant- In-Aid (Rs. In Lakhs)	Amount Received As Loan (Rs. In Lakhs)	Total Approved Cost (Rs. In Lakhs)
			Select					

Fill all the details accordingly.

Save as Draft

If you don't want to save this form now. You save it next time with modification.

Save Save your form.

Reset all your fields.

Cancel your form and it return you to main page

(Proposal Submission form).

#### **Step 3: Principal Key Investigator Details**

	Principal Key Investigator Details						
Title	Select						
First Name		Last Name					
Designation		DOB					

Gender O	Male	O Female	Highest Qua.	
Email				
Address1			Address2	
Street/Village			City/Town	
Pin/Zip Code				
State	S	elect	Country	Select
Landline				
Mobile				
Please Upload Res	sume in Pre	escribedForma	Browse	
Note: Please down	nload to fill	the details and	d signed copy to be up	ploaded in PDF format.
*Please upload so	can copy of	Passport (Fir	est & Last Pages)	
	Browse			
Prescribed Format	t			
Note: Please down	nload to fill	the details and	d signed copy to be up	ploaded in PDF format.
* Fill all the manda	atory detail	s for Primary k	ey investigator detail	S.
Save as Draft	If you o		ave this form now. Yo	ou save it next time with
Save	Save yo	our form.		
Close	Close y	our form.		
Step 4: ADDITIO	NAL INFOR	MATION : IP &	RELIMINARY DATA	
IP DETAILS				
* 1.1 Details of Ba this project :	ckground I	P generated so	o far and possibility o	f generating new IP through
* 1.2 Countries/jutechnology:	risdictions [	where the app	plicant intends to pra	ctice/market the proposed

Select	Patent Number	papent title
.4 How Wo	ould The Present Proposal Be Able	To Counter The Above Restrictions? :
f For	•	Processes / Products That Would Be Made
atus Of The hether Per ompany? : 2.In Case Thountry Is To	e Patents. mission / License For Use If Such A le Technology Is Licenced From Al Be	Proposed Product / Process Along With The A Patent Owned / Being Sought For By The Proad, Status Of Independent Validation In
tatus Of The /hether Per ompany? : 2.In Case Thountry Is To rovided Cle	e Patents. mission / License For Use If Such A le Technology Is Licenced From Al Be	A Patent Owned / Being Sought For By The
tatus Of The /hether Per ompany? : 2.In Case Th ountry Is To rovided Cle	e Patents. mission / License For Use If Such A ne Technology Is Licenced From Al ne Be nerly:	A Patent Owned / Being Sought For By The
tatus Of The hether Per ompany?:  2.In Case Thountry Is To rovided Cleans  3.1. Regula	e Patents. mission / License For Use If Such A ne Technology Is Licenced From Al ne Be nerly: httory Approvals and Protocols:	A Patent Owned / Being Sought For By The proad, Status Of Independent Validation In Status Approvals obtained / Approvals in

\*Specific help needed from BIRAC for licensing

Save as draft

Save

# **Step 5: PRODUCT DETAILS**

**Regulatory Status** 

Product Related Details
Technology Development
*Brief details of the developed Technology/Product that the applicant wants to take to the market through this program
*Validation status (please provide a brief summary below and please attach the required information as an annexure- such as data or clinical studies etc. )
*Brief details of validation already done
*Does the company require support from the program for further technology development within the cost of the grant? ○ Yes ○ No
Product/Technology
*Value proposition - customer, customer's problem, and economic value proposition
*Unique Selling Point of your technology
*Comment on affordability
*Competitive landscape
*Does your product address a major import substitution? O Yes O No

Regulatory Agency	Status of Approval		Date of	f applying/Grant of approval				
Select	Se	elect		Mm/dd/yyyy				
Challenges faced during applying or seeking any of the above approvalsSelect								
Team Capacity								
Describe organizational structure and skills of management team a	_							
Company size (number of employ	/ees)	Select						
Paid full-time (more than 30 hou	rs per week)	Select						
Paid part-time (less than or equa hours per week)	to 30	Select		]				
Consultants/Advisors		Select						
Unpaid volunteers		Select						
Are there employment contracts	in place?	Yes O No						
Does the company have HR processory covering job related policies, per compensation, compliance, and	formance,	OYes ONo						
Manufacturing/Commerciali	zation Capacit	у						
Has the company commercialized	d any product/te	echnology before?	O Yes	O No				
Is the company offering any servi	ces?	(	) Yes	O No				
If yes, details of such services offered?  O Un-House Out source  Do you have certified manufacturing facility in-house or do you propose to outsource  manufacturing?								
Save as Draft	If you don't want to save this form now. You save it next time with							

1.Market Readiness Assessment
* Who are the end users for your product/technology?
* Who is the payer for your technology and why will they be willing to solve the problem? What are the different segments of customers you are targeting, and how does the value proposition vary ? Who are the buyer influencers? Comments on market readiness for the technology/ product, including evidence obtained through customer interviews
* Details of the places where the product is available including physical and e-markets (customer channels)
* Please provide any details related to on-going product or technology maintenance/warranty/support offered (customer relationships)
* Customer traction secured to date of contracts/sales, customer revenue
* Are you looking for geographical expansion of market places?  If Yes, describe the plan for geographical expansion   Yes   No
* What are the requirements for your product to reach the market?
* By when do you expect to launch the product in the market?  O 0-3 Months  O 3-6 Months  O 6-12 months  O 18-24 months  O 18-24 months  O 30-36 months
* Are there any hurdles/challenges envisaged by you before launch of the product.
* Specific support needed from BIRAC for the product launch
2. Business Model
Comment on the following aspects of your business model, including evidence obtained through customer interviews.  * Per unit cost of your product/technology

* Proposed pricing strate	gy		
* Key resources required  * Key partnerships require			
and nature/stage of relat			
3. Fundraising Strate	gy		
Provide details of fundi	ng gathered so far for de	velopment of this product	t/technology
Amount	Date funding Awarded	Type of funding	Funder
		Selecct	
Add More			Remove
Private funding Amount	Date funding Awarded	Type of funding	Funder
		Selecct	
Add More			Remove
	nds for further technology r commercialization?	○ <sub>Yes</sub> ○ <sub>No</sub>	Remove
* Do you require more fu development, scale-up of * Range of funds needed	r commercialization?		Remove
* Do you require more fu development, scale-up o * Range of funds needed	r commercialization?  10-50L  50-100L  100-200L		Remove
* Do you require more fur development, scale-up of * Range of funds needed	r commercialization?  O 10-50L  O 50-100L		Remove
* Do you require more fur development, scale-up of * Range of funds needed	r commercialization?  10-50L  50-100L  100-200L  200-300L  > >300L		Remove
* Do you require more fur development, scale-up of the scale of funds needed of the scale of the	r commercialization?  10-50L  50-100L  100-200L  200-300L  >300L  nent you are looking for	O Yes No O Government funds O Private funds O Equity based funds O Others	Remove
* Do you require more fur development, scale-up of the scale of funds needed of the scale of funds needed of the scale of funding/investment of the scale of funding/investment of the scale of the scal	r commercialization?  10-50L  50-100L  100-200L  200-300L  >300L  nent you are looking for	O Yes No O Government funds O Private funds O Equity based funds O Others	Remove
* Do you require more fur development, scale-up of the scale of funds needed of the scale of the	r commercialization?  10-50L  50-100L  100-200L  200-300L  >300L  nent you are looking for  see Plan & Revenue Mode siness plan for 3 years ex and Opex; Revenue	O Yes No O Government funds O Private funds O Equity based funds O Others	Remove

5. Exit Plan Proposed	
* Exit Plan Proposed	
6. Projected Activities un	nder The MedTech Challenge
* Please provide a short name you hope to achieve with the Grant focusing on the main or business-oriented activition undertaken	ne Accelerator scientific and/
Save mod	ou don't want to save this form now. You save it next time with dification.
	e your form.
Caricer	cel your form and it return you to main page

#### **Step 7: PROPOSAL OBJECTIVE AND TIMELINES**

#### **SPECIFIC PROJECT PLAN AND DELIVERABLES**

\*Please indicate overlap of any objective funded by any other funding agency/ (ies). Kindly provide disclosure amendments.

<sup>\*</sup>Indicate how each objective is exempted for Service Tax, in case exemption is desired.

Objective	Methodology/Experimental Design Detailed Work Plan	Alternate Strategies	Process Indicators for 14 Measuring Success

Save as Draft

If you don't want to save this form now. You save it next time with modification.

Save

Save your form.

Reset

Reset all fields.

Cancel

Cancel your form and it return you to main page

(Proposal Submission form).

#### **OBJECTIVE WISE ACTIVITIES & TIMELINES**

**Objective**:test

Select	Activity	Month Of Start Of Activity	Month Of End Of Activity	Deliverables	Name of team member/collaborator responsible for completing the activity

Add

Remove

Select	Activity	Month Of Start Of Activity	Month Of End Of Activity	Deliverables	Name of team member/collaborate responsible for completing the activ	
					Add Remov	e
			Objective :test			
Select	Activity	Month Of Start Of Activity	Month Of End Of Activity	Deliverables	Name of team member/collaborate responsible for completing the activ	



If you don't want to save this form now. You save it next time with modification.

Add

Remove

#### Fill all

**Step 8: Proposal Milestones** 

## **Proposal Milestones**

S. No	Milestones	Month of End of Activity	Description
1.		NA	NA
2.		NA	
3.		NA	
4.		NA	
5.		NA	

Fill all the mandatory details.

Save as Draft	If you don't want to save this form now. You save it next time with modification.
Save	Save your form.
Reset	Reset all the fields.
Cancel	our form.

**Step 12: Budget Details** 

# Head Wise Budget Details \*Non-recurring cost Capital cost in terms of equipment and accessories (Not more than 30% of total cost) \*Attach Proforma Invoices of the proposed equipment to be procured \*Provide breakup of cost for each equipment and accessory proposed to be procured in a separate table \* Recurring cost Manpower Cost \*Provide breakup of cost for each manpower proposed in a separate table with roles and

responsibilities	
Consumables cost	
*Provide breakup of cost for each consumable	
proposed in a separate table	
Travel (only domestic)	
Contingency costs	
Contingency costs	
Outsourced activity	
*Provide breakup of cost for each manpower	
proposed in a separate table	
Operational cost	
*upto 10% of recurring costs	
Total for Lead Organization	
Total for Lead Organization	
Partnering org. Budget Details (1) if applicable	
Partnering org. Budget Details (2) if applicable	
r artifering org. Budget Betails (2) if applicable	
Partnering org. Budget Details (3) if applicable	
Total Project Cost	
•	
Step 9: Additional Information	
•	
Product/Technology	
*Provide references with full citations that	
are relevant to the proposal	
*Provide background on the current status	
of relevant research activities, either nationally	
or internationally	
·	
*Describe the public disclosure for your	
·	
proposal which could be put in the public domain	
*61	
*Please upload any additional information Brow	/S
*Please upload any additional information Brow	/S
*Please upload any additional information  Brown  Fill all the mandatory details.	<b>JS</b>
Blow	/S

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Reset

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## **Additional Funding Information**

Project Title	Funding Agency	Total Project Cost (Rs. In Lakhs)	Present Project Status	Date of Start	Date/D ue Date of Comple tion	Amount Received As Grant- In-Aid (Rs. In Lakhs)	Amount Received As Loan (Rs. In Lakhs)	Total Approved Cost (Rs. In Lakhs)	Comment
			Select						