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## Manual for GCI

### Step 1: Basic Information

#### Basic Information

- Proposal code

This Field is automatically filled in the form.

- Name Of The 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) ( $\geq$ TRL-7) (self-assessment)

Select your organization type.

- \* Type of Organization :

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

- \*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 Details

Name of the Applicant Ashish Sauriyal

### Contact 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	<a href="http://www.ashsauriyal.in">www.ashsauriyal.in</a>

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 Project Implementation Site

Address1:	<input type="text"/>	Address2:	<input type="text"/>
Address3:	<input type="text"/>	City/Town:	<input type="text"/>
Country:	<input type="text" value="India"/>	State:	<input type="text" value="--Select--"/>
Pin/Zip Code:	<input type="text"/>	Landline:	<input type="text"/> <input type="text"/> <input type="text"/>
Mobile	<input type="text"/> <input type="text"/>	Fax:	<input type="text"/> <input type="text"/> <input type="text"/>

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 of the applicant in format: dd-mm-yyyy

\*What is the R & D activity profile of the company ?  
:

\*What are the Other activities of the company  
(such as Manufacturing / Trading and marketing) :

Fill all the mandatory details under Brief background of the Applicant.

### Applicant Registration Details

- **Applicant Type**       Public Limited       Private Limited

Select Applicant Type accordingly.

\*Upload MCA Registration Certificate :

Browse

Browse the Registration details file. Make sure your file is in PDF format.

- **Annual Report for Previous Three Financial Year**

Browse

Browse the file. Make sure your file in PDF Format.

- **Are the Shares of the Company Held to the extent**       Yes     No

**Of 51% By Indian Citizens (including NRIs)?**      Select your option accordingly.

\* Upload the details of promoters background

Browse

Browse file. Make sure your file in PDF format.

\*Upload the Share holding pattern of the company, on the Company Letterhead, certified and stamped by the CA as on **31-12-2019** :

Browse

Browse file. Make sure your file in PDF format. Click on link "[Prescribed Format](#)" for prescribed format.

- Please attach a scan copy of the PASSPORT (First and last page only) or ADHAAR Card Of all the shareholders holding more than 10% of company shares

Browse

Browse file. Make sure your file in PDF format.

### Project Implementation Details

- Incubation with any of the Recognized Incubation Facility?  Yes  No

If you choose yes, an additional browse box and text area will be appeared. You have to browse a related file and write some description about it.

Upload

Browse

Valid upto

Name of incubation center

If you choose No:

### Outstanding Loan

- Are There Any Outstanding Loans?  Yes  No

If you choose "Yes", a file browser box will be appeared. You have to browse a related file.

For prescribe format just click on "[Prescribed Format](#)" link.

Please Upload Details in

Browse

*Prescribed Format*

- Has The Applicant Received /Applied For Funding From Government/Any Other Agency?  Yes  No  
If yes then details of research 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

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/Date of Completion	Amount Received As Grant-In-Aid (Rs. In Lakhs)	Amount Received As Loan (Rs. In Lakhs)	Total Approved Cost (Rs. In Lakhs)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Fill all the details accordingly.

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

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

First Name

Last Name

Designation

DOB

<b>Gender</b>	<input type="radio"/> Male	<input type="radio"/> Female	<b>Highest Qua.</b>	<input type="text"/>
<b>Email</b>	<input type="text"/>			
<b>Address1</b>	<input type="text"/>		<b>Address2</b>	<input type="text"/>
<b>Street/Village</b>	<input type="text"/>		<b>City/Town</b>	<input type="text"/>
<b>Pin/Zip Code</b>	<input type="text"/>			
<b>State</b>	<input type="text" value="--Select--"/>		<b>Country</b>	<input type="text" value="--Select--"/>
<b>Landline</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Mobile</b>	<input type="text"/>	<input type="text"/>		
<b>Please Upload Resume in PrescribedFormat</b>			<b>Browse</b>	<input type="text"/>

Note: Please download to fill the details and signed copy to be uploaded in PDF format.

**\*Please upload scan copy of Passport (First & Last Pages)**

**Browse**

**Prescribed Format**

Note: Please download to fill the details and signed copy to be uploaded in PDF format.

\* Fill all the mandatory details for Primary key investigator details.

<b>Save as Draft</b>	If you don't want to save this form now. You save it next time with modification.
<b>Save</b>	Save your form.
<b>Close</b>	Close your form.

#### Step 4: ADDITIONAL INFORMATION : IP & PRELIMINARY DATA

##### IP DETAILS

\* 1.1 Details of Background IP generated so far and possibility of generating new IP through this project :

\* 1.2 Countries/jurisdictions where the applicant intends to practice/market the proposed technology :

**\*1.3 List Of Patents That Appear To Cover Any Part Of The Technology Of Interest Or Similar (And Possibly Overlapping) Technologies And Thereby Restrict The Freedom-To-Operate In The Envisaged Area. :**

Select	Patent Number	Patent title
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

**\*1.4 How Would The Present Proposal Be Able To Counter The Above Restrictions? :**

**\*1.5 List The Various Patented Technologies / Processes / Products That Would Be Made Use Of For**

**Manufacturing / Commercialization Of The Proposed Product / Process Along With The Status Of The Patents.**

**Whether Permission / License For Use If Such A Patent Owned / Being Sought For By The Company? :**

**\*2. In Case The Technology Is Licenced From Abroad, Status Of Independent Validation In The Country Is To Be Provided Clearly :**

**\* 3.1. Regulatory Approvals and Protocols :**

Select	Regulatory Approvals	Status Approvals obtained/ Approvals in process/ Applications yet to be submitted
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

**\* 3.2.B. Protocols: Protocol in the prescribed format required by the concerned agency for giving approvals :**

**\* Any support needed from BIRAC for IP protection**

**\*Are you interested in licensing out the technology?  Yes  No**

**\*Specific help needed from BIRAC for licensing**



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## Step 5: PRODUCT DETAILS

### 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?  Yes  No

### Regulatory Status

Regulatory Agency	Status of Approval	Date of applying/Grant of approval
<input type="text" value="--Select--"/>	<input type="text" value="--Select--"/>	<input type="text" value="Mm/dd/yyyy"/>

Challenges faced during applying or seeking any of the above approvals

### Team Capacity

Describe organizational structure, including roles and skills of management team and key advisors

Company size (number of employees)

Paid full-time (more than 30 hours per week)

Paid part-time (less than or equal to 30 hours per week)

Consultants/Advisors

Unpaid volunteers

Are there employment contracts in place?  Yes  No

Does the company have HR processes covering job related policies, performance, compensation, compliance, and termination?  Yes  No

### Manufacturing/Commercialization Capacity

Has the company commercialized any product/technology before?  Yes  No

Is the company offering any services?  Yes  No

If yes, details of such services offered?  In-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 modification.

Save

Save your form.

## 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?  0-3 Months  
 3-6 Months  
 6-12 months  
 12-18 months  
 18-24 months  
 24-30 Months  
 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 strategy

\* Key resources required to execute

\* Key partnerships required to execute and nature/stage of relationships

### 3. Fundraising Strategy

Provide details of funding gathered so far for development of this product/technology

Government Funding			
Amount	Date funding Awarded	Type of funding	Funder
<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>	<input type="text"/>

[Add More](#)

[Remove](#)

Private funding			
Amount	Date funding Awarded	Type of funding	Funder
<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>	<input type="text"/>

[Add More](#)

[Remove](#)

\* Do you require more funds for further technology development, scale-up or commercialization?  Yes  No

\* Range of funds needed  10-50L  
 50-100L  
 100-200L  
 200-300L  
 >300L

\* Type of funding/investment you are looking for  Government funds  
 Private funds  
 Equity based funds  
 Others

### 4. Multi-year Business Plan & Revenue Model

\* Summary of Annual business plan for 3 years & Cost break up into Capex and Opex; Revenue model covering the unit economics) – Attach detailed Excel sheet

[Browse](#)

## 5. Exit Plan Proposed

\* Exit Plan Proposed

## 6. Projected Activities under The MedTech Challenge

\* Please provide a short narrative on what you hope to achieve with the Accelerator Grant focusing on the main scientific and/or business-oriented activities that will be undertaken

Save as Draft

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Reset

Cancel

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Save your form.

Cancel your form and it return you to main page  
(Proposal Submission form).

## 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.

\*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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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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
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add

Remove

Objective :test

5

Select	Activity	Month Of Start Of Activity	Month Of End Of Activity	Deliverables	Name of team member/collaborator responsible for completing the activity
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add

Remove

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
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add

Remove

Save as Draft

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

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Reset

ds

Close

Fill all

Step 8: Proposal Milestones

Proposal Milestones

S. No	Milestones	Month of End of Activity	Description
1.	<input type="text"/>	--NA--	--NA--
2.	<input type="text"/>	--NA--	<input type="text"/>
3.	<input type="text"/>	--NA--	<input type="text"/>
4.	<input type="text"/>	--NA--	<input type="text"/>
5.	<input type="text"/>	--NA--	<input type="text"/>

Fill all the mandatory details.

<input type="button" value="Save as Draft"/>	If you don't want to save this form now. You save it next time with modification.
<input type="button" value="Save"/>	Save your form.
<input type="button" value="Reset"/>	Reset all the fields.
<input type="button" value="Cancel"/>	our form.

## Step 12: Budget Details

Budget Information	
Head Wise Budget Details	Total in INR(lakhs)
<b>*Non-recurring cost</b>	
<b>Capital cost in terms of equipment and accessories (Not more than 30% of total cost)</b> *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	<input type="text"/>
<b>* Recurring cost</b>	
<b>Manpower Cost</b> *Provide breakup of cost for each manpower proposed in a separate table with roles and	<input type="text"/>



responsibilities	
<b>Consumables cost</b> *Provide breakup of cost for each consumable proposed in a separate table	<input type="text"/>
<b>Travel (only domestic)</b>	<input type="text"/>
<b>Contingency costs</b>	<input type="text"/>
<b>Outsourced activity</b> *Provide breakup of cost for each manpower proposed in a separate table	<input type="text"/>
<b>Operational cost</b> *upto 10% of recurring costs	<input type="text"/>
<b>Total for Lead Organization</b>	<input type="text"/>
<b>Partnering org. Budget Details (1) if applicable</b>	<input type="text"/>
<b>Partnering org. Budget Details (2) if applicable</b>	<input type="text"/>
<b>Partnering org. Budget Details (3) if applicable</b>	<input type="text"/>
<b>Total Project Cost</b>	<input type="text"/>

## 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

\*Please upload any additional information

Brows

Fill all the mandatory details.

Save as Draft

Save

Reset

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

