**INDEX**

**Manual for**  [**(BIG)**](http://birac.nic.in/user/userdashboard.php?scheme=1)

|  |  |  |
| --- | --- | --- |
| S. No | Title | Page |
| 1 | **Basic Information** | 2 |
| 2 | **Particulars of the Company** | 4 |
| 3 | **Project Leader Details** | 8 |
| 4 | **Team Members** | 9 |
| 5 | **Scientific Advisors or Mentoe Availablle (If Any)** | 10 |
| 6 | **Shareholding Pattern** | 11 |
| 7 | **Proposal Details** | 12 |
| 8 | **Any Other Information Relevant to the project** | 15 |
| 9 | **Proposal Objective and Work Plan** | 16 |
| 10 | **Objective Wise Activities & Timelines** | 17 |
| 11 | **Proposal Milestones** | 21 |
| 12 | **Details of Equipment & Accessories** | 22 |
| 13 | **Human Resources to be Involved with Project** | 23 |
| 14 | **Consumables Details** | 24 |
| 15 | **Justification for Other Recurring Heads** | 25 |
| 16 | **Other Financial Details** | 26 |
| 17 | **Budget Details** | 27 |

**Step 1: Basic Information**

**Basic Information**

* **Applicant Type Individual/Company**

**Incubatee Name (**If Individual**) Test Incubatee**

**Incubated at(**If Individual**) Test Incubated at**

--Select--

**Please select Company Name**

Title of Proposal

* **Title of Proposal**

Write the brief name of proposal which is not exceeding 250 characters.

Select Month

* **Proposal Duration** max of 18 monthonly

--Select--

* **Relevant Area**

**BIG Partner**

**IKP Knowledge Park, Hyderabad**

**Centre for Cellular and Molecular Platform (C-CAMP), Bangalore**

**Foundation for Innovation and Technology Transfer(FITT), New Delhi**

**KIIT, Bhuvneshwar**

**Venture Cente Pune  
 SIIC, IIT Kanpur**

**Society For Innovation & Entrepreneurship - SINE, IIT Bombay**

**a-IDEA , Technology Business Incubator of NAARM, Hyderabad**

[**Click here for contact details of BIG Partners**](http://birac.nic.in/webcontent/big_partners_detail.pdf)

**\*Have you applied through another BIG partner(s) in the current call Yes No**

**\*Is this the same proposal ? Yes No**

**\*Have you applied for BIG in earlier rounds? Yes No**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Big Partner** | **Reference No.** | **Status** | **Reason** | **Action taken** |
| --Select-- | Proposal reference number | --Select-- | Remarks if not Recommended | Please mention the action aken by you |

I accept the Terms and Conditions **Click here to read Terms & Conditions**

Save and Continue

Save your form.

Reset all your fields.

Reset

#### Step 2: Particular of the Company

**Particulars of the Company**

#### Name of the Applicant Rishi Chandil

**Contact Details**

#### Address1: RZ-3B/215, Address2: J Block

#### Street/Village West Sagarpur City/Town New Delhi

#### State Delhi Country India

#### Pin/Zip code 110003 Landline +91-11-24389600

#### Fax +91-11-24389611 Website [www.rishichandil.in](http://www.rishichandil.in)

#### Date of Incorporation of the Applicant

dd-mm-yyyy

**Brief Background (If company)**

Set date of incorporation of the applicant in format: dd-mm-yyyy

**\*Number of Years since Registration**

Max 5 years only

Browse

Browse

Browse

Browse

Browse

**\*Registration Certificate Of Company**

**\*Company’s PAN Card**

**\*Memorandum of Association of company**

**Artile of AssociatioCompany**

**Audited Finanial Statement**

**(annual Report and Balance Sheet)**

**\*Are the Share of the Company held to the Yes No**

**Extent of 51% By Indian Citizens(Including NRIs)?**

**\*Shareholding Pattern of the Company Indicating**

Browse

**Name And  Address Of Foreign Shareholders,**

**Overseas Corporate Bodies And   Shares Held By NRIs**

**\*Number of Shareholders**

**\*Passports of Shareholers**

Browse

**\*Is this Company a subsidiary to a parent company Yes No**

**\* Name of the Parent Company**

**\* CIN Number of the Company**

**\* Registration Date of the Parent Company**

**\*Are the Share of the Company held to the Yes No**

**\*Is any promoter holding 20% or more shares Yes No**

**Of the applicant company, a co-promoter of another**

**company(ies)/a partner of another LLP?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Promoter** | **Name of the LLP(s)/ Company(ies)** | **DIN Number(n case of company)** | **Company/ LLP working in biotech domain?** |
|  |  |  | Yes |

Add row

Delete Row

**\*Is any parner of the LLP, a co-partner of Yes No**

**Another LLP(s)/a co-promoter of another company(ies)**

|  |  |  |
| --- | --- | --- |
| **Name of the Partner** | **Name of the LLP(s)/ Company(ies)** | **DIN Number** |
|  |  |  |

Add row

Delete Row

**\*Do you have a functional laboratory of your own Yes No**

**\*Have you been associated with anyother BIRAC Yes No**

**Funding scheme?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Scheme** | **Proposal Reference No.** | **Role in the funded project: PI, Co-PI, Team Member,  Scientific/Business Advisor, collaborator** | **Proposal Status** |
| Select |  |  |  |

Add row

Delete Row

Browse

**Brief Background (If Individual)**

**\*Pan Card**

Browse

**\*Passport of PI**

**\*NOC from Parent Organization(In case of faculty)**

Browse

**\*Are the Share of the Company held to the Yes No**

**\*Name of the Incubator**

**\*Address of the incubator**

**\*MOU/Agreement with the Incubator of LOI**

Browse

**\*Is any promoter holding 20% or more shares Yes No**

**Of the applicant company, a co-promoter of another**

**company(ies)/a partner of another LLP?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Promoter** | **Name of the LLP(s)/ Company(ies)** | **DIN Number(n case of company)** | **Company/ LLP working in biotech domain?** |
|  |  |  | Yes |

Add row

Delete Row

**\*Is any parner of the LLP, a co-partner of Yes No**

**Another LLP(s)/a co-promoter of another company(ies)**

|  |  |  |
| --- | --- | --- |
| **Name of the Partner** | **Name of the LLP(s)/ Company(ies)** | **DIN Number** |
|  |  |  |

Add row

Delete Row

**\*Do you have a functional laboratory of your own Yes No**

**\*Have you been associated with anyother BIRAC Yes No**

**Funding scheme?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Scheme** | **Proposal Reference No.** | **Role in the funded project: PI, Co-PI, Team Member,  Scientific/Business Advisor, collaborator** | **Proposal Status** |
| Select |  |  |  |

Add row

Delete Row

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

Save

Save as Draft

Save your form.

Reset all your fields.

Reset

Cancel your form and it return you to main page

Cancel

(Proposal Submission form).

#### Step 3: Project Leader Details

#### Project Leader Details

#### 

#### Title

--Select--

#### First Name

#### Last Name

#### 

#### Gender Male Female

#### Designation

#### Landline

#### Mobile

#### Email

Browse

#### Please Upload Resume in Prescribed Format

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

#### \* Fill all the mandatory details for Project Leader details.

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

Save

Save as Draft

#### Save your form.

Cancel

#### Cancel your form.

#### Step 4: Team Members

#### [(If the proposal is aimed at development of an end product/technology to be used in clinical settings, it is mandatory to have a Clinician as a Team Member/ Advisor/Mentor.](http://birac.nic.in/user/proposal_keyinvestigatorsbig.php?calid=19&pid=6258&tid=2)

#### Team Members

#### 

Close

Add New

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S. No. | Name | Designation | Email | Landline | Mobile | Resume | Edit |
| 1 | Rishi Chandil | Junior Assistant | [ris@gmail.com](mailto:ris@gmail.com) | 011-24389600 | 9999999999 | View File | Edit |

#### 

The table data automatically added when you fill the form, which is appeared when you clicked on “Add New” button.

#### Team Members Details

#### Title

--Select--

Browse

#### First Name

#### Last Name

#### Gender Male Female

#### Designation

#### Landline

#### Mobile

#### Email

#### Please Upload

#### Resume in Prescribed Format (Click for the prescribed format)

#### Fill all the mandatory fields accordingly.

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

Save

Save as Draft

Save your form.

Close

Close the form.

#### Step 5: Scientific Advisors or Mentor Available

#### Scientific Advisors & Mentor

#### 

Close

Add New

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S. No. | Name | Designation | Affiliation | Area(s) of Expertise | Email | Landline | Mobile | Resume | Edit |
| 1 | Rishi Chandil | Junior Assistant | Afiliation | Expertise | [ris@gmail.com](mailto:ris@gmail.com) | 011-24389600 | 9999999999 | View File | Edit |

The table data automatically added when you fill the form, which is appeared when you clicked on “Add New” button.

#### Scientific Advisors & Mentor

#### Title

--Select--

#### First Name

#### Last Name

#### Gender Male Female

#### Designation

#### Affiliation

#### Area(s) of Expertise

#### Landline

#### Mobile

#### Email

#### Please Upload

Browse

#### Resume in Prescribed Format (Click for the prescribed format)

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

Save

Save as Draft

Save your form.

Close

Close the form.

**Step 6: Shareholding Pattern**

**Shareholding Pattern**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No.** | **Category of shareholder** | **Number of shareholders** | **Total number of shares** |
| **1.** | Indian |  |  |
| **1.a** | Foreign:-NRI |  |  |
| **1.b** | Foreign:-Foreign individual |  |  |

|  |  |  |
| --- | --- | --- |
| **Total** | 0 | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
| **2.** | Indian |  |  |
| **2.a** | Foreign:-NRI |  |  |
| **2.b** | Foreign:-Foreign individual |  |  |
| **Total** | | 0 | 0 |
| **Grand Total** | | 0 | 0 |

Fill all the mandatory fields’ details accordingly.

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

Save

Save as Draft

Save your form.

Cancel

Cancel the form.

Reset all the fields

Reset

**Step 7: Proposal Details**

**Proposal Details**

**\* 1 Proposal Summary [Provide a brief one paragraph overview of the proposal,**

**i.e. the idea and the problem it may solve and brief project plan.]**

**Please upload a concept note explaining the technology with necessary figures and diagrams :**

Browse

**2. \*Briefly state the Objectives and Proposed Approach [Describe how the proposed project addresses the problem. Clarify the current status of the innovation.]  
The description should cover the following points:  
1). Strategy and/or methodology of work.  
2). Scope and boundaries of the work, including any issues that will not be covered.  
3). Data analysis (sample size,data collection)**

**3. \*Novelty [Explain how your idea is innovative and how it is different from the existing products in the markets or current state-of-the-art. Tabular representation of the difference between your idea and the other products in market or competitive product which are under development will be appreciated. Concrete market data is encouraged.]**

**Upload table**

Browse

**4. \*Opportunity   
[What is the potential societal and market impact? Provide details of the problem you propose to solve.]**

**5. \*Challenges or risk factors associated with the project  
[What are the challenges and risk factors that you envision which may affect this project?]  
What are the critical success factors/potential barriers**

**6. \*Has any preliminary work been carried out? Give status of work done? If no, please provide the background details.**

**7. \*Proposed end-outcomes (Your BIG Project is expected to result in the following end-outcomes ).**

**A Product for customers**

**  A knowledge based service for customers**

**  A technology (knowhow) for sale or licensing to industry**

**  An intellectual property right for licensing or sale**

**  Any other, please specify**

**8. \*Future Plan of Commercialization  
[What do you envision to be the key next step to making impact with this innovation (e.g., sponsored research support, licensing, venture financing)? What is the time frame?]   
Commercialization plan should indicate :  
1). Market entry strategy.  
2). Timelines and Milestones.  
3). Data analysis (sample size,data collection)**

**9. Intellectual Property   
i. Does the applicant or the applicant company own any IP related to this project. If yes, give details.(Please mention Patent Number, Patent Title and Patent Assignee)**

**ii 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. (Please mention Patent Number, Patent Title and Patent Assignee)**

**iii. If there are patents that are overlapping and may restrict FTO, does the applicant have the required license/s to practise these inventions for the purposes of the proposed project? Please provide license agreement details if any or provide information of the proposed next steps to obtain said license/s.**

**10. \*Relevant References**

**11. Please upload declaration document on ethical/legal/safety/regulatory issues involved, if any :**

Browse

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

Save as Draft

Save

Save your form.

Close

Cancel the form

Reset all fields

Reset

#### Step 8: Any Other Information Relevant to the Project

**Any Other Information Relevant to the Project**

**Please Upload any Additional Relevant Document**

Browse

Browse

**Please Upload Additional Relevant Document**

Browse

**Please Upload Additional Relevant Document**

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

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Save your form.

Reset

Reset all fields

Close

Cancel the form

**Step 9: Proposal Objective and Work Plan**

#### PROPOSAL OBJECTIVES & WORK PLAN

|  |  |  |  |
| --- | --- | --- | --- |
| **Select** | **Objective** | **Methodology/Experimental Design Detailed Work Plan** | **Alternate Strategies** |
|  |  |  |  |
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Save your form.

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Reset all the fields.

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Cancel the form.

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**Step 10: Proposal Objective and Timelines**

##### **Note: Please Select and Remove Unused Rows**

#### PROPOSAL OBJECTIVES & TIMELINES

##### **Objective: Test objective 2**

##### **Objective: Test objective 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Select** | **Activities to be  undertaken by the company to  achieve a particular objective** | **Month of Start of Activity** | **Month of End of Activity** | **Indicators Of Progress** | **Activities to be undertaken by the collaborator to achieve a particular objective** |
|  |  | 0 |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Select** | **Activities to be  undertaken by the company to  achieve a particular objective** | **Month of Start of Activity** | **Month of End of Activity** | **Indicators Of Progress** | **Activities to be undertaken by the collaborator to achieve a particular objective** |
|  |  | 0 |  |  |  |
|  |  |  |  |  |  |
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##### **Objective: Test objective 3**

##### **Objective: Test objective 2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Select** | **Activities to be  undertaken by the company to  achieve a particular objective** | **Month of Start of Activity** | **Month of End of Activity** | **Indicators Of Progress** | **Activities to be undertaken by the collaborator to achieve a particular objective** |
|  |  | 0 |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Select** | **Activities to be  undertaken by the company to  achieve a particular objective** | **Month of Start of Activity** | **Month of End of Activity** | **Indicators Of Progress** | **Activities to be undertaken by the collaborator to achieve a particular objective** |
|  |  | 0 |  |  |  |
|  |  |  |  |  |  |
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##### **Objective: Test objective 4**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Select** | **Activities to be  undertaken by the company to  achieve a particular objective** | **Month of Start of Activity** | **Month of End of Activity** | **Indicators Of Progress** | **Activities to be undertaken by the collaborator to achieve a particular objective** |
|  |  | 0 |  |  |  |
|  |  |  |  |  |  |
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##### **Objective: Test objective 5**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Select** | **Activities to be  undertaken by the company to  achieve a particular objective** | **Month of Start of Activity** | **Month of End of Activity** | **Indicators Of Progress** | **Activities to be undertaken by the collaborator to achieve a particular objective** |
|  |  | 0 |  |  |  |
|  |  |  |  |  |  |
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Fill all the necessary fields.

Save your form.

Save

Reset all the fields.

Reset

Cancel the form.

Cancel

**Step 11: Proposal Milestones**

##### **Proposal Milestones**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Objectives** | **Activities** | **Month of End of Activity** | **Indicators of Process** | **Select Milestones** |
| Test Objective1 |  | | | |
| Activities1 | 2 | Indicators of Process1 |  |
| Activities2 | 3 | Indicators of Process2 |  |
| Test Objective2 |  | | | |
| Activities3 | 4 | Indicators of Process3 |  |
| Activities4 | 6 | Indicators of Process4 |  |
| Test Objective3 |  | | | |
| Activities5 | 8 | Indicators of Process5 |  |
| Activities6 | 10 | Indicators of Process6 |  |
| Test Objective4 |  | | | |
| Activities7 | 12 | Indicators of Process7 |  |
| Activities8 | 14 | Indicators of Process8 |  |
| Test Objective5 |  | | | |
| Activities9 | 16 | Indicators of Process9 |  |
| Activities10 | 18 | Indicators of Process10 |  |

Fill all the mandatory details.

Before “Save” the form you have to click “Select/Update Milestone” button.

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

Save as Draft

Save

Save your form.

Reset

Reset all the fields.

Cancel

Cancel your form.

**Step 12: Budget Justification (Available)**

**Proposed Equipment & Accessories Details**

##### **Details of Equipment & Accessories**

Note: Please select and remove unused rows.

**Details of Equipment Proposed to be Acquired Through BIRAC’s Grant**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Select** | **Infrastructure/Equipment** | **Capacity** | **Quantity** | **Specific Requirement in the Project** | **Total Estimated Value**  **(Rs. In Lakh)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total \*** | | | | | |

Add More

Remove

Fill all the mandatory details.

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

Save as Draft

Save

Save your form.

Reset

Reset all the fields.

Cancel

Cancel the form.

**Step 13: Human Resources to be Involved**

##### **Human Resources to be Involved**

Note: Please select and remove unused rows.

**\*** Details of all human resources involved should be provided.

##### \* If salary for any personnel is not required from ignition grant then enter 0.00 in Proposed Monthly Salary column.

##### \* for e.g 50,000 can be written as 0.50.

##### **Human Resources to be Involved with the Project**

##### **Contribution for Applicant**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Select | Position | No. of Position | Qualification | Experience  (In Year) | Age Limit, if any (In Years) | Duration For Which To be hired (in Years) | Role in the Project | Proposed Annual Salary (Rs. In Lakh) | Total Cost |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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Remove

Add More

Fill all the necessary fields.

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

Save as Draft

Save

Save your form.

Reset

Reset all the fields.

Cancel

Cancel the form.

**Step 14: Consumable Details**

##### **Consumable Details**

Note: Please select and remove unused rows.

##### **\*** Note:For Units ,Please fil NA if Not Applicable.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Select** | **Items** | **Quantity** | **Units(e.g. g/ml etc.)** | **Approximate Cost (Rs. In lacks)** | **Justification For The Requirement** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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Add More

Remove

Fill all the mandatory fields.

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

Save

Save as Draft

Save your form.

Reset

Reset all the fields.

Cancel the form

Cancel

**Step 15: Justification for Other Recurring Heads**

##### **Justification for Other Recurring Heads**

|  |  |
| --- | --- |
| **Other Cost (Rs. In Lakh)** | **Justification** |
|  |  |

Fill all the mandatory fields.

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

Save as Draft

Save

Save your form.

Reset

Reset all the fields.

Cancel

Cancel the form.

**Step 16: Other Financial Details**

##### **Other Financial Details**

1. **\*Have you approached any other organisation/agency for financial support for the present activity? Please give details etc.**

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

Save as Draft

Save

Save your form.

Reset

Reset all the fields.

Cancel

Cancel the form.

#### Step 17: BUDGET DETAILS

##### **Applicant Name: ABC**

#### Non Recurring Cost (Rs in Lakhs)

|  |  |
| --- | --- |
| **Equipment/ Accessories** | **Total** |
| 65.00 | 65.00 |

#### B. Recurring Cost (RS in Lakhs)

|  |  |  |  |
| --- | --- | --- | --- |
| **Human resources**  **(A)** | **Consumables (B)** | **Other Heads ©** | **Total (A+B+C)** |
| 48.00 | 65.00 | 50.00 | 163.00 |

You just need to review the calculation and save the form.

Save

Save your form.

Cancel the form.

Cancel