



Expression of Interest [EOI]

1a. Name of Applicant: _____
Address: _____

Email: _____ Mobile: _____

1b. Name of partners (if any) _____

1c. Name of the Firm (if already registered/ in the process of registration)

1d. Type of registration

- | | |
|---|--|
| <input type="checkbox"/> Proprietary Firm | <input type="checkbox"/> Private Ltd. Firm |
| <input type="checkbox"/> Partnership Firm | <input type="checkbox"/> Public Ltd. Firm |

1e. Name of the contact person _____
Address: _____

Email: _____ Mobile: _____

2. Title of the incubation project _____

3. Brief write-up on the project proposed/ technology/Project/Product you are developing:
(Pl. include as Annexure)

4. In your opinion, what type of mentoring would be needed for your project?

5. Support solicited:

- | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Instruments | <input type="checkbox"/> Investments | <input type="checkbox"/> Technology |
|--------------------------------------|--------------------------------------|-------------------------------------|

6. Technology Support solicited in:

- | | | |
|-----------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Sourcing | <input type="checkbox"/> Development | <input type="checkbox"/> Validation |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Assessment | <input type="checkbox"/> _____ |

7. Investments Support solicited in:

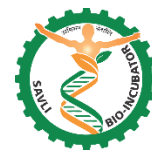
- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Start-up Funds | <input type="checkbox"/> Emerging Stage | <input type="checkbox"/> _____ Stage |
| <input type="checkbox"/> Angel Investors | <input type="checkbox"/> Private Equity | <input type="checkbox"/> Venture Fund |
| <input type="checkbox"/> Govt. Grants | <input type="checkbox"/> Govt./PSU Soft loans | <input type="checkbox"/> _____ |

8. Which instruments would you need most often for the afore-said project? At what frequency?

Short Sign. of the Applicant



Savli Bio-Incubator
Gujarat State Biotechnology Mission [GSBTM]
Department of Science and Technology,
Government of Gujarat



9. Equipments needed: (please tick the equipments needed and the frequency of its use)

Instruments	Samples/ month				
<input type="checkbox"/> Gradient PCR	<input type="checkbox"/> 5-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> >30	
<input type="checkbox"/> Phase contrast fluorescent microscope	<input type="checkbox"/> 5-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> >30	
<input type="checkbox"/> Electroporator	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> >5	
<input type="checkbox"/> HPLC	<input type="checkbox"/> 1-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> >30	
<input type="checkbox"/> Bioreactor	<input type="checkbox"/> 5 L	<input type="checkbox"/> 10L	<input type="checkbox"/> 25L	<input type="checkbox"/> 50L	
<input type="checkbox"/> Digital Colony counter	<input type="checkbox"/> 1-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> >30	
<input type="checkbox"/> Lyophiliser	<input type="checkbox"/> 1-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> >30	
<input type="checkbox"/> RT-PCR	<input type="checkbox"/> 5-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> >30	
<input type="checkbox"/> Two dimension electrophoresis (2D)	<input type="checkbox"/> 5-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> >30	
<input type="checkbox"/> ELISA	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> >5	
<input type="checkbox"/> Mass Spectroscopy (MS)	<input type="checkbox"/> 1-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> >30	
<input type="checkbox"/> MALDI-TOF	<input type="checkbox"/> 1-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> >30	
<input type="checkbox"/> NMR	<input type="checkbox"/> 1-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> >30	
<input type="checkbox"/> GC-MS	<input type="checkbox"/> 1-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> >30	
<input type="checkbox"/> HPTLC	<input type="checkbox"/> 1-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> >30	
<input type="checkbox"/> DGGE	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> >50	
<input type="checkbox"/> Sequencer	<input type="checkbox"/> <10	<input type="checkbox"/> <20	<input type="checkbox"/> <50	<input type="checkbox"/> >50	

Any comments: _____

10. Pls mention about the space needed. _____ (Module(s)/ Sq. Ft. in case of Shell Space)

- Dedicated Lab Space** (~ 300 sq. ft/ module or its multiples + shared spaces)
- Shared Lab Space** (Working Bench in a Common Lab ~ 150 sq. ft. / Incubatee)
- Dedicated Office Space** (~ 120 sq. ft or its multiples + shared spaces)
- Shared Office Space** (Desk Space in a Common Office Area)
- Annual Membership** [Use of Common Facilities (Equipments & Biz. Acceleration)]
- Visiting Membership** [Use of Common Facilities for a DAY (Equipments and Biz. Acceleration)]
- Virtual Incubation** (Mentoring, Invitation to various entrepreneurship development activities /progs., etc.)
- Dedicated Shell Space (Space: _____ sq. ft.) | Any comments: _____

11. Please tick mark the minimum services desired from Savli Bio-Incubator:

- CA/ Accountancy services
- Secretarial services
- Business consulting service
- Web Access
- Branding and Marketing Services
- Legal services
- IPR and Technology Mgmt. Services
- Use of conference rooms

Any other facility you would expect _____

12. Has Techno-Economic Feasibility Study for the project been undertaken: Yes | No

13. Has IP landscaping Study for the project been undertaken: Yes | No

14. Has financial sourcing for the project been mapped: Yes | No

15. Any other submission: _____

Signature: _____ Date: _____

Pl. use additional pages as Annexures – appropriately labeled and signed on each page, wherever, space is inadequate