

 **Office of Research, Innovation and Commercialization Initiative**

# Application Form for CUST FYPs Funding Program – COHORT 5

**(Please submit the signed application to the Departmental FYP Coordinator latest by 14th April 2025)**

**Project Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Supervisor Name and Designation: |   | Contact Details:  | Email: Off No:Cell No: |
| Students Name(s): | 1. 2. 3. 4.  | Students Registration No: | 1. 2. 3. 4.  |
| Students Contacts: | 1. 2. 3. 4.  | Students CGPA: | 1. 2. 3. 4.  |

**Final Year Project Details:**

|  |  |
| --- | --- |
|  **A. Project Title:** |  |
|  **B. Project Start Date:** |  |
|  **C. Expected Project Finish Date:** |  |
|  **D. Project Summary** (Give a brief summary of your Project describing how your Project Idea is Innovative) |
|  |
|  **E. Project Business and Commercialization Plan:**(Please mention specific Business and Commercialization Plan of your Project) |
|  |

|  |
| --- |
| **F. Product Sales Tendency & Marketing Potential:**(Please mention how would you sell your product, what would be its estimated sale price and how it would be better than similar product in the market in terms of price and quality) |
|  |
|  **G. Benefits of the Project:** |
|  |
|  **H. Final Deliverable of the Project:** | (Please tick one of the following) |
|  Hardware System |   Software System |  HW/SW integrated system |
|  Simulator Design |  Software Simulation results |  Theoretical Design |
|  New Technology/Process/ Mechanism |  New or Recyclable Materials/Products/Composites |  Sustainable Solution |
|  Comparative Study |  Other Please specify  |
|  **I. Equipment for Prototype/working model:** | (Please indicate the required Equipment along with estimated cost. Attach separate sheet if necessary) |
|  | **S. No.** | **Item Name** | **No of Units** | **Per Unit Cost (in Rs)** | **Total (in Rs)** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  | **Grand Total** |  |

|  |
| --- |
| **Students Undertaking:**We (the students involved in this FYP) hereby commit that If our FYP gets selected for funding, we will;1. Attend the CUST Incubation Centre (CIC) for at least 3 hours/week (each student) for the Fall 2025 semester.
2. submit a plan/schedule of our availability in the CIC,
3. Prepare a poster (Horizontal: 30 Inches, Vertical: 24 Inches) of our project that will be displayed in the CIC,
4. Stay prepared for demonstration before any clients, and
5. Authorize Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (may be a group member or supervisor) to get the funding cheque prepared in his/her name.
 |
| Name & Signature(Student 1) | Name & Signature(Student 2) | Name & Signature(Student 3) |

**Evaluation Criteria:**

The Project would be evaluated based upon following dimensions. A maximum of 5 credit points would be awarded to each particular aspect and the maximum attainable marks are 25:

1. Practical Possibility
2. Innovation
3. Business Plan
4. Marketing Potential
5. Commercialization Aptitude

**Certificate of Approval:**

It is certified that the Project entitled \_ has been approved and is being undertaken by the above-mentioned students as their Final Year Project. The information provided is correct to best of my knowledge. The project is currently not being sponsored by any other means or agency.

It is further undertaken that Expenditure Report of approved FYPs along with the supporting documents and the Prototype/End Product (in case if the Project has developed Prototype) and Project Poster (in case if project doesn’t have Prototype) would be submitted to ORIC on completion of the project.

**Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**