**Application Form 2: LexInnova-Venture Center Award for Social Enterprise**

(Created: June 23, 2015)

Submit this form to: Manager Incubator (managerincubator@venturecenter.co.in)

1. **Applicant information**

|  |  |  |
| --- | --- | --- |
| 1.1 | Applicant full name |  |
| 1.2 | Affiliation/ profession |  |
| 1.3 | Phone |  |
| 1.4 | Email |  |

1. **Organization information**

|  |  |  |
| --- | --- | --- |
| 2.1 | Legal status of organization (tick one) | * Unregistered
* Registered as Proprietorship
* Registered as Private Limited Co.
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 2.2 | Name of organization |  |
| 2.3 | Website |  |
| 2.4 | Nature of business (explain in brief) |  |
| 2.5 | Age of business (years) |  |

1. **Application for LexInnova-Venture Center Award for Social Enterprise**

|  |  |  |
| --- | --- | --- |
| 3.1 | We wish to apply for LexInnova -Venture Center Award for Social Enterprise facilitated by Venture Center: | Yes/ No |
| 3.2 | Which of the services you wish to apply for | * Patent Drafting
* Patent Filing
* Patent Prosecution Services
 |

1. **Preliminary eligibility criteria for LexInnova -Venture Center Award for Social Enterprise**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Yes/No** | **Comments (if any)** |
| Is the start-up a resident incubatee of Venture Center?  |  |  |
| Is there a strong technology/knowledge component in the venture? |  |  |
| Is there a strong connect between the IP and the company’s business plan? |  |  |
| Is the venture pursuing an agenda of inclusive innovation? If yes please attach a separate sheet briefly describing the following aspect.1. Is the venture for-profit or not-for-profit?
2. Is the goal of the organization focussed towards making a social impact?
3. What is the vision of the venture in terms of scale, sustainability and social impact?
4. How would you measure social impact?
 |  |  |

1. Please attach non-confidential statement of the objective of the patent analytical report desired

 For and on Behalf of

 (Name of the Company)

 (Name of the authorized signatory)

 Designation