



**NATIONAL INSTITUTE OF TECHNOLOGY
ROURKELA – 769 008, ODISHA**

Application for Faculty Entrepreneurship

Date:

1. Name of Faculty:
2. Department:
3. Emp. ID.:
4. A) Academic/Administrative Load on the Applicant:
 - a. Details of Research Projects/Consultancy Projects:
 - b. Current research area:
 - c. Administrative responsibilities:
- A) Enterprise related information:
 - a. Name/Proposed name of the Enterprise:
 - b. Name and designation of all personnel involved:
 - c. Registration status of proposed enterprise:
 - d. If enterprise is already existing (year of incorporation and CIN):
 - e. Focus area of the enterprise:
 - f. Role of the Faculty in the Company: (Owner/ direct promoter, mentor, consultant or as on-board member of the startup)
5. Are you, in this enterprise, planning to use knowledge /technology /intellectual property developed at the institute? If yes, then briefly describe the above, including the persons involved.
6. What is the planned equity structure/distribution of the Enterprise?

Declaration: I agree to abide by the terms and conditions laid down by the NIT Rourkela and 'National Innovation and Startup Policy 2019'.

Signature (with date)



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Recommended & Forwarded by: (Signature of Head of Department)

Recommended & Forwarded by Dean (SRICCE):

Approved by (Director):

*More than one faculty willing to start startup together need to file separate application. Please use additional sheets for extra information.



**NATIONAL INSTITUTE OF TECHNOLOGY
ROURKELA – 769 008, ODISHA
Agreement for Transfer of Technology**

Between

**National Institute of Technology Rourkela, Sector 1, Rourkela, Odisha 769008
and
<Party Name /Address>**

Date:

7. Title of the patent/technology:

8. Application No. and Date:

9. If patent granted: Patent no., date of patent granted and country:

10. The technology is exclusively transferred to the Party on one of the following mode:

- a) One-time technology transfer fees:
- b) Royalty as a percentage of sale-price:
- c) Equity in the company:
- d) Annual fees:

1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year

Inventor/Inventors Name: Designation:	Name: Designation: Dean (SRICCE) (Authorized Signatory)	Party Name: Designation: (Authorized Signatory)
	Official Seal	Official Seal
WITNESS Name and address		
Signature	Signature	Signature



**NATIONAL INSTITUTE OF TECHNOLOGY
ROURKELA – 769 008, ODISHA**

Date:

Director, NIT Rourkela

This is for your kind record that I,
..... (Name/Employee id/Department)
am no more part of the
(Company name/address) from (Date).

Signature (with date):

Recommended & Forwarded by: (Signature of Head of Department)

Recommended & Forwarded by Dean (SRICCE):

Approved by (Director):